MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.	Baltimor
	4 40	01101100		The state of the s

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Riegany City or town (If outside city or town amits, write RURAL and give nearest town) Street No. Bold Knob (If rursl, give LOCATION) 2.(a) If veteran, name war
Zello Mae Albright 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife Charles L. Albright 6.(c) It alive, give age 47 years 16.(c) It alive, give age 47 years 17. It less than one day 18. Birthplace 96.(c) It alive, give age 47 years 19. It less than one day 19. It less than one day 10. Usual occupation 42 years 11. Industry or business 0 years 12. Name 42 years 13. Birthplace 97. Alegany 4. 14. Maiden name 79. Alegany 4. 15. Birthplace 77. Alegany 4. 16. It alive, give age 47. 17. It less than one day 17. It less than one day 18. AGE: Years 19. It less than one day 19. It less than one day 19. It less than one day 10. Usual occupation 47. 11. Industry or business 0 years 4. 12. Name 4. 13. Birthplace 77. Alegany 4. 14. Maiden name 79. Alegany 4. 15. Birthplace 77. Alegany 4. 16. It less than one day 17. It less than one day 18. AGE: Years 19. It less than one day 19. It le	21. 1 CERTIFY that death occurred on the date above stated; that t aftended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
18. Informant Carles L. Albright Address 17t, Savage, Md. 11. Burial Date thereof Nanyary 201947 (Burial, cremation, or removal, Which?) Cemetery or crematory 17th Larage Methodist Cemetery Location 17th Range Methodist Cemetery 18. Funeral director Larage Methodist Carlety Address Carlety Larage Methodist Carlety 19 Address Carlety Larage Methodist Carlety 19 Address Carlety Registrary 19 Address Carlety Registrary 19 Address Registrary	Antopsy results

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

VS A15

BUREAU 7'8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct are is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	10g. Diec. 170
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Han the 1 and	State Manufaul County allegasses
City or town. (If ootside city or town junits, write purply, and give negest town)	In Dona dika
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Minera Avafratul	Street No. (If rural, give LOCATION)
How long in hospifal or institution? The horizon	2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
George Baker	J. (0) Doctal Becury Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Infant	20. DATE DF DEATH Jan - 22 1947, at 9 7 M
6.(b) Name of husband or wife	21. I CERTIFY that weath occurred on the date above stated: that I attended deceased from
8.(c) If alive, give ageyears	an 8 19.42, 10 that 22 19.43.
7. 8irth date of	and that I last saw bear allye on 500 /2 195
deceased (mo., day, yr.) Upril 24, 1946	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	1 2 1 1 1 1 1 1 1 1 2 1
8 28hrsmin.	Church metiles
9. Birthpiece Mattilly (Town, county, and state) any Cota, MA	Sue to.
02:22	
	Due to
11. Industry or business and the state of th	
E 12. Name I wife ayer	Other conditions
13. Birthplace Middlotth four	
14. Malden pame Wi ary Elizabeth Baker	(Include pregnancy within 8 months of death)
15. Birthplace I wordland and	Major findings of operations.
	Date of op.
16. Information and Colored Co	Autopsy results
Address I Mondiffee Gild.	
17 Dunial Date thereof Jan 2519H	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & Cally Color & Classitery	Where did injury occur?
Location Mt. Savage and	Injured at home, farm, industry, public place (where?)
18. Funeral director December 18. Funeral director	Means of Injury Injured at work?
Contraction of the second	(10 m)
Address Lyonaconyng, And	23. SIGNATURE M. D. or other
19. 1-24 18 47 Mes Kaway A Registrar	Address + 32 + Buly M. Date elgned - 24-47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

- 1	743		134	1
Reg.	Dist.	No.		

1. PLACE OF DEATH: Gligany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Ma County Gelegales
City or town	Fl ' + + + 1 ()
How long in above place of death? 61 yrs	(If outside city or town limits, write BURAL and give nearest town)
Hospital, institution, or street address where death occurred.	9100 1100
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Perry Losen Da	rnes 219-03-9824
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W. Widawed	20. DATE OF DEATH
6.(b) Name of husband or wife 23 ora Barner	21. I CERTIFY that death pocurred on the date above stated; that I attended deceased from
(decided) 6.(c) If alive, give age years	Jak 20 1947 to Jake 1947
7. Birth date of The	and that thest saw ht. All alive on
usceased (mo., dul), Jr.,	Immediate cause of death
0. AGE.	angina pietosio 3 daisa
6/ / h/hrsmin.	
all and Co Ml.	Due to
9. Birthplace (Fown, county, and state)	Suc 10
10. Usual occupation Tarmer	/
A 7	Due to
11. Industry or business Con farm	
12. Name aslitte Samuel	Other conditions
13. Birthplace Maryland	
14. Malden name Manney Hartsock	(Include pregnancy within 3 months of death) Major findings of operations.
14. Malden name Maryland 15. Birthplace Maryland	
M I Bai	
16. tafermant Coga January	Autopsy results
Address Star route Thurstone Md	
Busing 1 84 31 1847	22. VIOLENCE: If death was due to external causes, fill to the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Trees Ridge Cemelery	Where did injury occur?
es. Dia zul	
Location Italy	tnjured at home, farm, industry, public place (where?)
18. Funeral director Ephrama Amith	Means of Injury injured at work?
10-10	0 11 -
Address atlemas 1a.	23. SIGNATURE X. a. Walson M.D.
. land 23 wy J. Marca sen MG The	M. D. or other
(Date rec'd by registrar) Registrar	Address Wille Willaus My Date signed 123/4

JAN 28 1947 BUREAU V &

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1 PLACE OF DEATH.

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age	is shown on		MARYLAND ST	TATE DEPARTMENT	OF HEALTH
77	300 3/6/17		2411	N. Charles St., Baltimor	0 933

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

	7	2,3432.4	•	
			0	
Reg.	Diat.	No	7	

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County Allerany	(For newborn infants give residence of mother)	
County	State Mile County allega	ener
(If outside city or town lights, write RURAL and give nearest town)	State County	
	City or town	mad town)
How long in above place of death?	(If outside city or town limits, while RURAL and give near	rest town)
	Street No. 12 12 12 12 12 12 12 12 12 12 12 12 12	
	Affronal, give LOCATION)	
How long in hospital or institution?	2.(a) it veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
M 00. 12 0		
Illus (Misce V) lak		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Amale White married	20, DATE OF DEATH 18 19 19 19 19 19 19 19 19 19 19 19 19 19	1 9 P
B (21. I CERTIFY that death occurred on the date above stated; that I attended decea	
6.(b) Name of husband or wife 30 and have Deak		
6.(c) If alive, give age	_ ^	
7. Birth date of	and that I last saw h. E. R after & A	
Beceased (mo., May, 11.7)	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Chronie Mayorardelis	about
28 8 4hrsmin		10 200
9 11 1011		daniel francis
9. Birthpiace (Town, county, and state)	Due to.	******
	,,	
10. Usual occupation Donne	Due to	
11. Industry or business		
E 12. Name	Other conditions	
13. Birthplace Coffee Cand to	(Include pregnancy within 3 months of death)	
14. Maiden name Scartally June Suchen	(Include pregnancy within a months of death)	
6 10 10 -	Major fiedings of operations.	
El 15. Birthpiace Quelland	Date of op.	
16. Informant My of affrence Buch	Aotopsy results	
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 15 6 Spracy of Translugad	27. VIOLENCE: If death was due to external causes, fill in the following;	
17 Bushal Date thereof For Brd 194	7	
(Burial, cremation, or removal, Which?) (month) (Say) (your)	Accident, suicide, or homicide	
Cemetery or crematory Cefference The Competing	Where did injury occur?	(State)
Cemerer, or Cremeror,		(C) Lave y
Location Location Location Location	Injured at home, farm, Industry, public place (where?)	
La carbol Declar	Means of injury injured at work?	
18. Funeral director	rightty medical Examiner I Alle	gany C
Address the og Ma		
		or other
19. 2-1 19 4 Mys. Hallelf N-1502	(1) 1 That	1. 13/1/1
(Date rec'd by registrar) Registrar	Address Date signed	Sofer from

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)		
County Allegary	State FFA Wa Var County Minaral		
City or town			
How long in above place of death? 2 day 5	(If obtaide city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 127.		
Allegany Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 2 doy 5	2.(a) If veleran, name war		
3.(a) FULL NAME Basil Edward Bennett	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH. TOTAL 1947. at 3:45 P.		
6.(b) Name of husband or wife. Tary E. Bennett 6.(c) If alive, give age. 7.3 years	21. I CERTIFY that death occurred on the date above stated; that I atlended decessed from		
deceased (mo., day, yr.) 170124 23, 1870	Immediate cause of death		
8. AGE: Years Months Days if less than one day	Tobas Tueruna 4 das		
76 9 20hrsmln.			
9. Birthpiace Hamp sire Cas W. Vo.	Due to		
10. Usual occupation	Due lo		
12. Name Martin L. Bennett	Dither conditions		
13. Birthplace Homp shire Co. W.Va.	(Include pregnancy within 3 months of death)		
14. Maiden name Marquarite Moreland	Major findings of operations.		
2 15. Birthplace Hampshire Co. W. Va			
16. Informant Lynn Bennett	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Canton, Ohio	22. VtOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory FT. 4.569 Cemetery	Where did Injury occur? (City or town) (County) (State)		
Location Ft. Habby W. Va.	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?		
18. Funeral director.	7500		
Address Chembriffund, and	23. SIGNATURE 2 15 Treamy A		



DR. JACOBSON ' ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

USUAL RESIDENCE (HOME) OF DECEASED: rn infants give reaidence of mother)

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OF DEATH

CERTIFICATE
. PLACE OF DEATH:
ountyALIEGANY
(If outside city of town finite, write RURAL and give nearest town)
low long in above place of death?
low long in hospital or institution?
B.(a) FULL NAME MR. CHARLES BIRD
NALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced MARRIED
5.(b) Name of husband or wife BERTHA (NUSS) BIRD
7. Birth date of deceased (mo., dey, yr.) ATICHIST 20 1871
B. AGE: Years Months Days 11 Tess than one day
75 04 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9. Birthplace. PA Somerset (Dunly (Town, county, and state)
10. Usual occupation
11. Industry or business
12. Name JOHN BIRD
CA PRIVITE DE LA CONTRACTOR DE LA CONTRA
14. Malden name MARYLAND 15. Birthplace
₹ 15. Birthplace
16. Informant Allendary and Allendary
Address Markelland, VII.
Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)
Cemetery or crematory
Location Location Language
18. Funeral director 9
Address address. In

(If outside city or town limits, write RURAL and give nearest town) treet No

(If rural, give LOCATION) .(a) if veteran, name war......

3. (b) Social Security Number

MEDICAL CERTIFICATION 4:15 A.M.

1. I CERTIEY that death occurred on the date above stated: that lettended deceased from nd that I last saw h. Amon alive on

mmediais cause of death

BURATION

(Include pregnancy within 3 months of death)

Anjor findings of operations.....

HYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

locident, suicide, or homicide..... Where did Injury occur? (City or town)

njured at home, farm, Industry, public place (where?)

Injured at work?

Maans of Injury

3. SIGNATURE.

PLEASE

ARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

19 47 A. F. franklui

Address

JAN 14 1947 BUREAU V &

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany			
City or town Rural) near Old Town Md. (If outside city or town limits, write RURAL and give nearest town)	state Md county Allegany		
How long in above place of death?	City or town Rural) (If outside city or town limits, write RURAL and give ne	arest town)	
Hospital, lostitution, or street address where death occurred:	Street No. 5 miles east of Old Town		
At 1 Oldlown Ind.	(tf rural, give LOCATION)	f	
How long in hospital or Institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
with the Amer Della			
Virginia Anne Bolt 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 4	
	MEDICAL CERTIFICATION		
female white single	20. DATE OF DEATH Jan. 3	.at 7 P. M	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended dece	ased from	
		19	
7. Birth date of S. (c) If allve, give ageyears	and that I last saw her aliv Dead Jan. 3	19 '± 7	
deceased (mo., day, yr.) Ale 23 5 1993	Immediate cause of death	DURATION	
8. AGE: Years Months Days / If less than one day	Capillary Bronchitis	about	
3 0 //hrsmin.		8 days	
9. Birthplace Tanpin Va.	Due to Measles		
9. Birthplace. Many County, and state)		190000000000000000000000000000000000000	
10. Usual occupation Chilch:	Que to		
11, Industry or business			
# 12 Name Was & Bolt	Other conditions		
13. Birthplace Rush Kentushy			
a 13. Bittiplace	(Include pregnancy within 3 months of death)		
# 14. Maiden name	Major findings of operations		
15. Birthplace Fairnord Va.			
16. Informant Win A. Bolt	Antopsy results.		
A. 0000 - 2 1.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Address RI Coloron Mad	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Oldtown Mathadist Cometery	Where did injury occur?	(State)	
Cemetery of Crematory			
Location Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. John J. Haffe	Means of Injury Injured at work?	gamy Ud.	
Address Carlo and San	1/102	1	
and the state of t	723 SIGNATURE H. W. Deming M. D. H. V. Dem	or other	
19. Jan 4 7 Mobile Charlet (Pate rec'd by registrar) (Pate rec'd by registrar)		1-3-1947	



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County allegency	State Many and County allegany
City or town	
How long in above place of death? 8.1 4	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Old Row
Old Row-	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Than trances Braile	Λ. C.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Famile Winte Widowel	20. DATE OF DEATH 20 January 18 47 21 9:30 A
TI D'O	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
6.(b) Name of husband or wife	January 19 45 19 10 Alway 15 10 47
7. Birth date of Color and	and that I last samples alive on the 15 1947
deceased (mo., dey, yr.) Noc of 8, 1865	Immediate rause of death
8. AGE: Years Months Days It less than one day	Carcura Nt. Theast. swent
81 - 22hrsmin.	ness .
9. Birthplace Mt. Savage allaging Mil	Due to
9. 6irthplace (Town, county, and atan)	
1D. Usual occupation.	Due to
11. industry or business	
= 12. Name Joseph Muller	Dther conditions
12. Name Joseph Misseller 13. Birthplace Coman	(include pregnancy within 8 months of death)
14. Malden name Bridgell Flund	
14. Malden name Bridgett Flurd 15. Birthplace Myngland	Major findings of operations.
15. Birthplace	
16. Informant The Home Garage	Autopsy results
Address Mr. Sarvage, Md.	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Burial Date thereof Jan 23 19477	Accident, suicide, or homicide
(Duniel assembling or removel Which?) (month) (day) (year)	
Cemetery or crematory Sy. Parish	Where did injury occur?
Location M. Savege Mid.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Loriso Stein Sur.	Means of Injury Injured at work?
0 0 0 1 0 0	Willia & marker
Address unlight that.	23. SIGNATURE M.D. OF WOOTE
19 Jaw 22 19 47 Vernuse M W Crall	net storage led. Bate signed 1-20-4
(Date rec'd by registrar) Registrar	Address

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JAN 10 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

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City addition	LIS 2411 N. Charle	PARTMENT OF HEALTH S. St., Baltimore TE OF DEATH Reg. Dist. No
on carefully. The corclearly and legibly	1. PLACE OF DEATH: County Allegany City or town Rural) Bowmans Addition City or town Rural) Bowmans Addition (If outside city or town limits, write timber landst Ma). How long in above place of death? About 6. months Hospital, Institution, or street address where death occurred: Life Formation addition?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
mati	3. (a) FULL NAME	3. (b) Social Security Number
item of informati	Mrs.Gertrude Wahl Brown 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Divorced	MEDICAL CERTIFICATION about 20. DATE OF DEATHJan. 29
VED FOR B. Supply every ease write the	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
MARGIN RESER NFADING INK. nt. Physicians: pl	(Town, county, and state) 10. Usual occupation. housework 11. Industry or business E	Other conditions Abdominal operation July 1946
CAINLY, WITH C	14. Malden name Assamble Normani. 15. Birthplace 16. Informant Chas & Van Pelt. Address Bowmans Add. Ind.	(Include pregnancy within 8 months of death) Major findings of operations
9.45.15M WRITE PLAII	17 (Burial, cremation, or removal, Which?) Bate thereot God, (month) (day) (year) Cemetery or crematory Addison Bate thereot God, (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
VS A15	18. Funeral director AFMS. Stepn 900 Address Company of Franklin 10.1 19. Date rec'd by registrar) Registrar	23. SIGNATUREH. V. Deming II. D. Address Canada L. M. D. or other Address Canada L. Date signed L. D.



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

PLAINLY, WITH UNF. is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland county Allegany		
City or town. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 232 Center St.,		
Frost Avenue	(If rural give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war First World War		
3.(a) FULL NAME	3. (b) Social Security Number		
JOHN WESLEY BROWN	219-03-95-6		
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE OF DEATH 2 2 19 47, at 8 A		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	19, to		
7. Birth date of	and that I last saw h / M alin Gn A d 2 2 19 4 7		
deceased (mo., day, yr.) November 24, 1889	Immediair cause of death		
8. AGE: Years Months Days It less than one day	Chrone Myrcardetis sund		
5-7 1 28hrsmin.	near		
Cumbarland Maruland	Bue to.		
9. Birthplace Cumberland Maryland (Town, county, and state)	uue 10		
10. Usual occupation Janitor			
11. Industry or business C. &. W. Transit Co.	Due to		
H 12. Name John W. Brown H 13. Birthplace Maryland	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Hannah Williams			
Hannah Williams 14. Maiden name Hannah Williams Maryland	Major findings of operations		
	Date of op		
16. Intermant Mrs. Idabelle Gordon	Antopay results		
Address Frostburg, Md.			
Burial Jan. 25 '47	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof Jan 25 47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Allegany	Where did Injury occur?		
Location Frostburg, Md.	Injured at home, farm, industry, public place (where?)		
	Means of Injury Injured at work?		
18. Funeral director. J. J. Durst.	Deputy Medica Examiner - Allegany Of		
Address Frostburg, Md.	23 SIGNATURE LY V. Denning M.D.		
1- 24 42 min House &/ Rdo	M. D. or other		
(Date rec'd by registrar)	Address Cumbuland / Had Date signed 1: 22/4;		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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Reg.	Dist.	No.	

			CERTIFICA	TE OF DEATH	Reg. Dist. No	4	
1. PLACE OF DEATH: County			d:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Allegany City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) 400 Grand Avenue (If rural, give LOCATION) 2.(a) If veteran, name war. None			
3. (a) FULL NA!	ME JOHN J	OSEPH	BURNS		3. (b) Social Security 705-05		
4. Sex Male	5. Color or race White	6.(a)5ing	e. married, widowed, or divorced Married	MEDICAL 20. DATE DF DEATH 31 January	CERTIFICATION 1847	at 2:30 A al	
	22 72		Broadstock c) If allve, give ageyea 1901	and that I Just saw halive on	10,46, 10. Jan.	3/1 18 47	
8. AGE: Yes	Months 11	Days	If iess than one day		ellyves al	45 /8 mm	
9. Birthplace. Cur 10. Usual occupation 11. Industry or busin	Machinis'		Co., Md.	Due to. Condition Due to. Pardino	Parlin	3 clay	
13. Birthplace	Grafton, 1	W. Va.		Other conditions (Include pregnancy within	n 3 months of death)		
14. Malden nam 15. Birthplace		t, W.	leming Va.	Major findings of operations.	Oate of op.		
16. Informant		***************************************	Cumberland, Md.	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external	which death should be charged	statistically.	
17. Bur : (Burial, cremati	ion, or removal. Which?		reof 3 FEB 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	(State)	
	*		and.	Injured at home, farm, industry, public place Meens of injury	(where?)		
Address 19. Felt	Cumberlar	nd, Mar		23. SIGNATURE Clay	S. Sur	or other 31/4/10	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State. County County
0 //	City or town
How long in above place of death?	Xtandorki WL
Miners Rospital	Street No
How long in hospital or institution? Thatters	2.(a) If veteran, name war. I pt World tran
3. (a) FULL NAME	3. (b) Social Security Number
William H. Jarde	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Sugle	20, DATE OF DEATH. Jan 1 1942, 21 935 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Flan 1947 10 Jan 1948
7. Birth date of 0 1 2 2 1 2 9 7	and that I last saw ham alive on the last saw had alive of the last saw had alive on the last sa
deceased (mo., day, yr.) R AGF. Years Months Days If less than one day	Immediate cause of death
EQ 0 0	Coekas floweringe By
77 8 9nin.	Soft Alexander States
9. Birthplace Mencoe Gennal	Due to.
1D. Usual occupation miner	
11. Industry or business Coal mines	Due to
mi (b and (and on)	
	Other conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name fettul for the sour	Major findings of operations
15. Birthplace Maryland	Date of op.
16. Informant Edward Cander	Autopsy results.
The second second	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Trostlying Ma	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Onte thereof. (month) (day) (year)	Accident, suicide, or homicide
1) Minhalla	Where did injury occur?
Cemetery or crematory	
Location That Laboured, May	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of injury Injured at work?
2/ 1/2 ha	whomas below
Address Mother and del	23. SIGNATURE M. D. or other
19.1-3 1947 Mrs. Karly N. Kas	1-11-47
(Date rec'd by registrar) Registrar	Address Date signed and Land

JAN 6 197 BUREAU V 8. age

ADING INK. Supply every item of information carefully. The co-Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. GRACIE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

16)	10	1	i	ŧ	1
ist.	No.				 4

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.19.4.7.... DURATION

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. CUMBERLAND. (If outside city or town limits, write RURAL and give nearest town)	SIAMLARYLAND County ALLEGANY City or town CUMBERLAND
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 687 FAYETTE ST. (If rural, give LOCATION)
How long in hospital or institution? 70 DAYS	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CARROLL GERTRUDE MRS. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH JAN. 19. 1947 19 19 10:2
8. (b) Name of huebend or wife CARROLL, HOHN M. 5. (c) If alive, give age 71 years 71 years 72 years 72 years 73 years 74 years 75 years 76 years 71 years 72 years 75 years 76 years 77 years 78 years 79 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. # 6 to far 1 and that I last saw here alive on farmed at 1 Immediate cause of death DUR Due to Garden grade from Other conditions
14. Malden nameHUFF., ALICE	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MARYLAND 17. Burnal Date Inference (month) (day) (year) Cemetery or crematory Kons Maryland (month) (day) (year) Location 235 Fyg 474	Actionsy results. PHYSICIAN: Please uoderline the caose to which death should be charged statisticall. 22. VIOLENCE: If death was due to external causes, fill in the lollowing; Accident, suicide, or homicide
18. Funeral director. Address	23 SIGNATURE M. D. or other Address Current Dur Date signed Jan

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JAN 30 1947 BUREAU 7 6

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CERTIFICATE OF DEATH

Reg. Dist. No.

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give near at town) Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number 212-10-9258 MEDICAL CERTIFICATION
M W munice	2D. DATE OF DEATH. Jack 3 / 1947 at S 35 am
8.(c) Name of husband or wife. (c) Manuel Calon. 5.(c) It alive, give age. 43 years	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) September 20 1893 8. AGE: Years Moorly's Days It less than one day 4 10	Immediate cause of death DURATION LONG DURATION
9. Birthplace Greensville Journship Ca. (Town, county, and state)	Due to Casia Brill 3 g
10. Usual occupation. Miner Clay mines	Due to
12. Name JRD T GR Caton J. 13. Birthplace Pennsylvania	Other conditions
14. Maiden name. Paucy albright 15. Birthplace Pelusey wanea	Major findings of operations
Address Throsthura Md.	Antopsy results
17	22. VIOLENCE: 11 death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Location Pos	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of injury Injured at work?
19. 2-2 19.47 Mes Kauly N-Registrar	Address Land Bate signed H. W. D. op other Address Control of the State Signed H. W. H. S. op other State Signed H. W. S. op other State S

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ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

important.

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PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE	OF	DEATH	-

		On	non.	6
4	Reg.	Dist.	No	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infantg give residence of mother)
County	State Marifaced county allegous
(If obtaine city or town limits, werte RURAL and give nearest town)	1 20-Aluxa 1 t
How long In above place of death?	(If outside city or town limits, write RURAL and vive nearest lown)
Hospital, Institution, or street address where death occurred:	Street No
	2.(a) If veleran, name war
How long in hospital or Institution?	
3.(a) FOLL HAME	3. (b) Social Security Number
4. Sex //5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
For all Turkita Widowed	20. DATE DE DEATH TANUARY 26, 18 47, 21 7:10 P.
10 1 C 1:00	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	JANUARY 18 19.47, to JANUARY 159.42.
7. Birth date of 700 11 alive, give ageyears	and that I last saw h. & T. alive on TANUARY 25 19.47
deceased (mo., day, yr.) 17 aug 22 186 %	Immediate cause of death CONGESTIVE - DURATION
8. AGE: Years Months Days If less than one day 3	CARDIÀC FAILURE - 48 hrs.
2 .11 2 .10 7/:::	OCHERIACOLICACIA DELICA
8. Birthplace Ammericantle (Rown, county, and state)	Due to PRTERIOSCLEROSIS, GENERAL.
10. Usual occupation. Dansewife	7250- Due to.
11. Industry or business home	
12. Name albert French	Other conditions MARICULAR FIBRICATION
₹ 13. Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Maiden name Jusque Clear 15. Birthplace Virginia	Major fiadings of operations NONE
15. Birthplace Turginia	Date of op.
16, Informant Imoseud Caudill,	Actorsy results
12- Al - MI	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Vallactione ma	22. VIOLENCE: 11 death was due to external causes, fill in the following; NONE
17 Date thereo (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mable Itil	Whare did Injury occur?
Q1 1. 010 71:4:	Injured at home, farm, industry, public place (where?)
Location C. Lucation C. Lucation	Means of Injury Injured at work?
18. Funeral director	8-43 (-0.01.
Address Troubling Md.	23. SIGNATURE MARYLING TO THE ACT.
19. 1-28 (Date rec'd by registrar) 19.47 Mass Mauly N. Tale legistrar	Address Frakting, Md. Dale signed 1/24/1.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St. Baltimore

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1. PLACE OF DEATH: Allegany	2. USU	AL RESIDENCE (HOME) Of the newborn infants give residence of	F DECEASED:	
Clty or town. Cumberland (If outside city or town mits, write RURAL ar	State	Marvland cou	oly Allegany	
How long in above place of death? 12 Vrs. Hospital, institution or street address where death occurred: 527 N. Center St.,	City or to	(If outside city or town limits 527 N. Cente	r St.,	
How long in hospital or Institution?		veteran, name war		
3.(a) FULL NAME IDA MAY CHENOWIT	ГН	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married,	, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female White Marr:	ied 20. DATE	of DEATH Jan. 20,	19 47 2:454	
George E. Ch	enowith 21.1 CEH	TIFY that death occurred on the date abo	ve stated; that I attended deceased from	
6.(c) If alive.	give age 63 years	/ <u>//</u>	45 10 Jan 25 19 7	
7. Birth date of deceased (mo., day, yr.) July 4, 1878		last saw h alive on	L 15-0 18 G	
8. AGE: Years Months Days If less	s than one dayhrsmln.	Aprilance		
9. Birlhpiace Westernport, Md. (Town, county, and atate)	Due to			
10. Usual occupation	Bue to			
11. Industry or business	930 10			
12. Name John Howearth W. Va.	Dther cor	ditions		
Elizabeth ?		(Include pregnancy within 3 r	nonths of death)	
14. Maiden name	Major fir	adings of operations		
George E. Chenowit	h	results		
Address 527 N. Center St., C	umberland, PHYSIC	AN: Please underline the cause to w	hich death should be charged statistically.	
Burial Ja	n. 23. 1947 22. VIO	LENCE: It death was due to external cau		
(Burial, cremation, or removal, Which?)	(month) (day) (year)		Date of	
Cemetery or crematory Rose Hill Cem. Cumberland, Md.		d Injury occur?(City or town) t home, farm, Industry, public place (w		
Charles L. Georg	injuica a		Injured at work?	
	Means of	Injury		
18. Funeral director. Cumberland, Md.		IATURE	Day 181 3-8	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

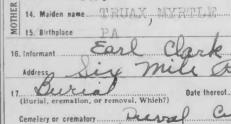
CERTIFICA	IE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: Counly, A 1	(If outside city or town limits, write RURAL and give nearest town) Sirect No
3. (a) FULL NAME MARTAN CLARK	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION

7. Birth date et deceased (no., day, pr.) 8. AGE: Years Months Days It less than one day hrs. 9. Birth date et deceased (no., day, pr.) 6-21-1908 8. AGE: Years Months Days It less than one day hrs. (Town, eounty, and atate)			6.0	(c) It alive, give age A.A.	,yea
50 87 10 hrs. hrs. grant hrs. gra		o 6-21-			
90 Birihpiase Janus Juania (Town, county, and atate)	8. AGE: Year	Months	Days	It less than one day	
7711	13	8 7 1	0	hrs.	ml
tt. Industry or business	tO. Usual occupation.	HULL	ani, eounty, and	atate)	,

O. DATE OF DEATH JAN. 7/ 1947	1 18/
1. I CERTIFY that death occurred on the date above stated: that I attended decea	
no that Vast saw h. C. V. alive on	OURATION
ve to Hampoles ex	
ue to. (Tajue)	

as due to external causes, till in the following.

(Include pregnancy within 8 months of death)



	opsy resu				
PH	YSICIAN:	Pl	ease	nnd	el
22.	VIOLENC	Œ:	It d	ealh	W

Other conditions

Major findings of operations.

2	-2	9	>	<	2	Uate	op		
								statistically	r

(month) (day) (year)

Accident, suicide, or homicide.

Where	did injury	occur?	(City or town)
			(City or town)

Injured at home, farm, Industry, public place (where?)

County)	(State)

Localion	stine -	mil 6	Cues of
2.00211011		Huly	/
t8. Funeral director.	004	rupo	

Means of Injury

Injured at work?

Address	Sonders
19	1 - 22 19 4; by registrar)

23. SIGNATURE

republic signed 1- 52-4

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Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Allegany (For newborn infants give residence of mother) State Maryland county Allegany Cumberland, (If outside city or town limits, write RURAL and give nearest town) Cumberland,
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 7 Roberts St., Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?.... 2.(a) It veteran, name war,..... 3. (b) Social Security Number 3. (a) FULL NAME David Clinton Cline 214-05-9386 6.(a)Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Male White Married 20. DATE OF DEATH. Grace Poorbaugh Cline 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(c) If alive, give ageyears Oct. 14, 1895 deceased (mo., day, yr.) Immediais cause of death If less than one day 8. AGE: ronaryth Thomas, W. Va. Street Dept. Employee 10. Usual occupation..... City of Cumberland Alfred Cline
12. Name Alfred Cline
W. Va. (Include pregnancy within 3 months of death) Lena Giffin 出 14. Maiden name...... Major findings of operations.... -W. Va. E 15. Birthplace Mrs. Grace Cline 16. Informant 7 Roberts St., Cumberland, Md. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: It death was due to external causes, fill in the following: 11 Burial (Burial, cremation, or removal, Which?) Oate thereof Jan. 30, 1947 Accident, suicide, or homicide.....

PL, WRITE EASE

1B. Funeral director Cumberland, Md.

Hill Crest Cem.

Cumberland, Md.

H. Wayne George

23. SIGNATURE

Means of Injury

Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?)

M. D. or other

FEB 4 1917
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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Alegaray City or town County Alegaray (If outside city or town limits, write RURAL and give nearest town) Street No. 2.06 Thomas 2.01 (If rural, give LOCATION) 2.(a) tt veferan, name war.		
3.(a) FULL NAME William F. Conis	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH. TO TO SOLVE 13 18 47 21 4:20 P.		
6.(b) Name of husband or wite 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. hrs. O min. 9. Birthplace Cury ber land, Filegony, Md. 10. Usual occupation Factory 11. Industry or business 12. Name Millians Canis 13. Birthplace Cury ber land, Md.	21. I CERTIFY that deafh occurred on the date above stated: that I affended deceased from 19. 77, to 19. 7 and that I last saw h alive on 19. 7 Immediate cause of death DURATION Due to Due to Dither conditions (Include pregnancy within 3 months of death)		
14. Malden name Mary I. Hochard 15. Birthplace Comberland, 17d 16. Informant Milliam Gonis Address 206 Thomas St. Comberland, 17d, 17. Borial cremation, or removal, Which?) Cemetery or crematory St. Mary's Cometery	Major findings of operations		
Location Con 5 cm 6 cm 1 and Md. 18. Funeral director for for for free free free free free	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address. H. Salender Date signed And 17/12		

JAN 21 1947 BUREAU T 8

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Reg. Dist. No.

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(County)

Injured at work?

(State)

M. D. or other

Date signed Asserta. 200

DURATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informatis especially important. Physicians: please write the causes of death

BINDING

ARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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 vo	m.		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county_Allegany	(For newborn infants give residence of mother) State Maryland County Allegany	
City or town Cumper Land (If outside city or town limits, write RURAL and give nearest town)	State County County County	
	City or town	
How long in above place of death?	11 Frederick St. McFarlane Bldg	
Allegany Hospital	Street No	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
	236-12-9603	
Matthew A. Davis A Sex (5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
Male White Married	20. DATE OF DEATH	
6.(b) Name of husband or wite Ella Conway	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from	
6.(c) If alive, give ageyears	12/25/46 19 10 1/ 9/4) 19	
7. Birth date of	and that I last sew h. L. A.L. alive on	
deceased (mo., day, yr.) May 3, 1882	Immediaic cause of death	
8. AGE: Years Months Days If less than one day	Prietouti (agustica)	
61, 8 6 hrsmin.	abair sed)	
9. Birthplace Kingsville, West Virginia (Town, county, and state)	Due to Premaria Loday.	
10. Usual occupation Manager		
	Due to	
t1. Industry or business Apt. House		
12. Name Matthew Davis Ireland	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Ann Brady 15. Birthplace Ireland	Major findings of operations. Well down	
Ireland	Major hadings of operations. Date of op.	
	Autopsy results. as about	
16. Informant Mrs. James H. Burke	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Oate thereof Jan. 11, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory St. Mary's Cem.	Where did Injury occur?	
Location Near Cumberland, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral directorLouis Stein, Inc.	Meens of Injury lajured at work?	
Address Cumberland, Md.	John 1x Kodew W D	
Jan. 10, 19 47 J. P. Franklin, M.D. (Date rec'd by registrar)	23. SIGNATURE. M. D. or other Address Address M. D. or other M. O	
(Date rec'd by registrar)	Address	

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JAN 16 1947

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ALLEGANY COUNTY HEALTH DEPARTMENT CUMBERLAND, MARYLAND

INTER OFFICE COMMUNICATION

Date

January 14, 1947.

To:

Dr. A. W. Hedrich AN 16

From:

Dr. J. P. Franklin

Remarks:

The attached certificate of Matthew A. Davis, who died in Cumberland, Maryland, January 9, 1947, was not forwarded with the weekly returns of yesterday, Monday, January 13, 1947, because the findings of the Pathologist were not made known to the attending physician, Dr. John K. Rozum until today, January 14, 1947.

Permission was granted the Funeral Directors, Louis Stein, Inc., to inter the body on January 10, 1947, because it was not certain when the pathological findings would be known.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No.

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or Institution?	(If outside city or Own limits, write RURAL, and give nearest town) Street No
now long in nospital of manterion	- C.(u) II rectall, liallic wal
3. (a) FULL NAME 4. Set (5 Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
vaal while widourd	20. DATE OF DEATH Saw. 8 1947 at M
6.(b) Name of husband or wife Detruce Halkaway Nonovak 6.(c) If alive, give age, years	21. I CERTIFY that death occurred on the date above stated; that I attended decenses from 19. 4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Sharedulage DURATION
77 8 /5min.	all glands of the hady
9. Birthplace	Oue to.
11. industry or business	Other conditions
13. Birthplace ()	(lnclude pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
Address Pul mant W. Va.	Autopsy results
(Burial, cremation, or removal White) (Burial, cremation, or removal White)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Busington W.Va.	Where did injury occur?
18. Funeral director W. H. Fuellsch	Means of Injury Injured at work?
Address Ted mont. Waxa	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address 122 Dedford ST Guntestan bate spred 1- 9-41

Y, WITH UNFADING INK. Supply every item of infilly important. Physicians: please write the causes of

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Cumberland,	State Va Va County Preston
(If outside city or town limits, write RURAL and give nearest town)	City or town Terra Alta
How long in above place of death?	City or town
Hospital Institution, or street address where death occurred: Nemorial Hospital	Street No.
	(If rural, give LOCATION)
How long in hospital or institution? Seven days	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Mary A. Elliott	yone.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female hite married	20, DATE OF DEATH. Fanuary 24 1947 , 21.10:30
6.(b) Name of husband or wife Isaac F. Elliott	21. I CERTIFY that death occurred on the date above stated; that I of tended deceased from
6.(e) If alive, give age 48 years	119 2 10 1101
7. Birth data of deceased (mo., day, yr.) 10/9/1898	and that I last saw h. O. I alive on form
8. AGE: Years Months Days If less than one day	Immediain cause of death OURATION
48 3 15 min.	Tronslath Jollon
9. Sirihplace W. e. V. a. e. (Town, county, and state)	Que to A
(Town, county, and state)	Paration Work ~1
10. Usual occupation House wife	and ac o a legislatelle
11. Industry or business	The Control of the Co
WI TO BE	CALDIU-1
	Under conduction
	(Include pregnancy within 3 months of death)
E 14. Maiden name Bird, Alice	Major findings of operations
14. Maiden name. Bird, Alice 15. Birthplace Mknown	Dale of op.
16. Informant Memorial Hospital	Autopsy results.
Cumbanland Margiand	PHYSICIAN: Please underline the cause to which death should be charged statistically.
AUDICES A A A	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removel, Which?) (Burial, cremation, or removel, Which?)	Accident, suicide, or homicide
Cemetery or crematory flung alla	Whera did injury occur?
Location Jena Alla. W. Va.	Injured al home, farm, Industry, public place (where?)
1 7 8818	Maans of Injury Injured at work?
18. Funeral director. ————————————————————————————————————	TA Non the cun
AUJESS JUIA VIVIA, WOA.	23. SIGNATUR M.D. or other
19. Lau. 24, 19. 47. J. C. Dauklin, M. L. Begistrar	Address Deculation Date signed 1-24

ADING INK. Supply every item of information carefully. The c^{\dagger} Physicians: please write the causes of death clearly and legibly. ARGIN RESERVED PLAINLY, WITH UNF. is especially important. 回 EASE

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JANIA 1947 BUREAU P B BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.
City or town half County (If outside city or town limits, write RURAL and Rive neurest awn) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Yor newborn infants give residence of mother) State County
3. (a) FULL NAME Oxym O. Fazen 4. Sex 5. Color or race 6. (a) Single, married, widowed, or diputed	Saker 3. (b) Social Security Number
male White morried	20. DATE OF DEATH January 6 1947 31440AN
6.(b) Name of husband or wife Stella	21. I CERTIFY that death occurred on the day above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days titles than one day	Immediate cannot death.
79 5 9	[10 17 urahe]
9. Birthplace Arthur (Town, county, and state) 10. Usual occupation Farmer	Due to.
11, Industry or business	900 10
12. Name Jesse Fagentaker 13. Birthplate 2. Manuel Jesse Fagentaker	Other conditions
14. Maiden name Brargarette Ormond 15. Birthplace	Major findings of operations
≥ 15. Birthplace	
Address Cumberland	Autopsy results
17. Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory files to sm	Where did injury occur?
Location Location	Means of Injury Injured at work?
Address Cumberland	CRAMITAL.
19. State rec'd by registrar) 19. Registrar	Address Addres

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R. J. Williamo

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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FOR

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	
County Allegand	State Mary land Co	nuoty Allegany
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Comber d.	1 0 1
How long in above place of death?	1	ts, write RURAL and give nearest town)
Allegany County Intimory	Street No. 635 Elm S	ELOCATION)
How long In hospital or institution? 1 Week	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Jacob David Fishel		None
4. Sex 5. Color or race 6.(a)Single. married, widowed, or divorced	MEDICAL C	ERTIFICATION
M W divovced	20. DATE OF DEATH TONKERY	3 19.47 21.7.15.6
6.(b) Name of husband or wife Estella hong Fishell	21. I CERTIFY that death occurred on the date at	
7. Birth date of	Ø 20.2 8 19	46 10 Jan 3 1947
C. Bitti Bate of	and that I last saw h. £5.7.7alive on	18 × 1
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediaje cause ol death	DURATION
8 Z 5 29hrs. min.	Westz hunocardial	Failure 3 kins
9. Birthplace Spring Got Mineral West Vivginia	Due to Chronic myo car	difis 10 yes
10. Usual occupation Refire	Ostrin relevation	disease 15 yrs
11. Industry or business By O. R.R. Trockman	Due to.	
# 12. Name Darol Fishell	Diher conditions	
13. Birtholace Spring Oak W. Va.		
置 14. Maiden name	(Include pregnancy within 3	
Els. Birthplace	Major findings of operations	
	PHYSICIAN: Please underline the cause to	
Address 635 Elm St. Cumberland, Md.	22. VIOLENCE: If death was due to external ca	auses, fill in the tollowing;
(Burial, cremation, or remoyal, Which?) Date thereof (month) (jay) (year)	Accident, sulcide, or homicide	Date of
Cemetery or crematory Forest glen Cemetery	Where did injury occur?(City or town)	(County) (State)
(4.00 5h. 411.)6}	Injured at home, farm, Industry, public place (
1 () () () () () ()	Means of Injury	Injured at work?
18. Funeral director.	()1()	10 76
Address Cumberland, Maryland.	23 SIGNATURE CIEPTINE	
19 Jan. 6 19 47 J. Franklin, M. D.	501.5	M. D. or other
(Date rec'd by registrar) Registrar	Address 100 d. Centre 29	Date signed - 6-4

DANIA 1947 BUREAU VA age

information carefully. The correct of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH 1640

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Dist.	No.		4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	state Md. County Allegany		
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	Cumbanland		
How long in above place of death? 13 hours	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 312 Franklin		
Allegany	(If rural, give LOCATION)		
How long In hospital or Institution? 13 hours	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number •		
Gottlieb Forester Frederick Fors	ter 217-10-6878		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white widower	20. DATE OF DEATH		
6.(b) Name of husband or wife Pearl Forster	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
7. Birth date of	and that I last saw h. im all Dead Jan. 23 19.4.7.		
deceased (mo., day, yr.) January 26, 1894	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Intercrainal hemorrhage 13 hrs.		
52 // 27hrsmin.			
9. Birthplace Cours berland Allegan, Md	Due to self inflicted bullet		
	wound in skull		
10. Usual occupation Bartender	Due to despondency		
11. Industry or business Retail Liquer			
# 12. Name John F. Forstor	Dither conditions		
13. Birthplace Germony			
E 14. Maiden name Catherine Weigand	(Include pregnancy within 3 months of death) Major findings of operations		
15. Birthplace Germany	Date of op.		
16, Informant Katherine Forster	Autopsy results		
Address 312 Franklin St.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Buria Date thereof Annuary 25, 1947	Accident, sulcide, or homicideSuicide		
Cemetery or crematory till exest cemetery	Where did Injury occur? Cumberland Allegany Md.		
Location Cumberland, Md.	laured at home, farm, ladustry public place (where?) 5.23 N. Center St		
18. Funeral director. And falls of the fact	Injured at home, farm, industry, bubils, place (where?) 523N.Center St Shot selister revolve mured at work? yes		

Address Cuchebushard, Mel, m.	23. SIGNATURE H. V. Deming M. D. 14 V Drong M. D. or other		
19 XXII 25, 19 47 J. F. Franklin, M.D.	Address Induland Md Date signed 1- 23/47		
(Date rec'd by registrar) / Registrar	Address		

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Within corporate Illielis MARYLAND STATE DEPARTMENT OF HEALTH DR. FRED WILLIAMS 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No .. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) ALLEGANY MARYLAND ALLEGANY (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 603 PIEDMONT AVE. MEMORIAL HOSPITAL (If rural, give LOCATION) How long in hospital or Institution?.... 2.(a) If veteran, name war... death 3. (a) FULL NAME 3. (b) Social Security Number FLOYD GARLAND 092-10-9159 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING JANUARY 26 19 47 19:50 Pm WHITE MARR IED MALE 5.(b) Name of husband or wifa THELMA HECKMAN 21. I CERTIFY that death occurred on the date above atajedy that i attended deceased from 6.(c) If alive, give age 42 years 7. Birth dats of and that I last saw h A talive on 29, 1900 1879 deceased (mo., day, yr.) If less than one day 8. AGE: Yaara RESERVED 47 3 46hrs,min. MXRYI AND 9. Birtholace..... AGENT. SINCLAIR REF. CO. tt. industry or business JACOBS GARLAND 12. Name 13. Birtholace (Include pregnancy within 3 months of death) CLARA DESHONG 14. Maiden name... Major findings of operations. 2 15, Birthplace 16. Informant MEMORIAL HOSPITAL PHYSICIAN: Please underline the cause to which death should be charged statistically. CUMBERLAND. MD. 22. VIOLENCE: If death was due to external causes, fill in the following: Burial Date thereof. Lanuary 19,1447. (month) (diy) (fear) (Buriol, cremation, or removal, Which?) Accident, suicide, or homicide..... P1 55 Whera did injury occur? Cometery or crematory 5t. Thomas Cometery (City or town) 54. Thomas Pa, Injured at home, farm, industry, public place (where?) ... Injured at work? Maans of Injury 18. Funeral director 23. SIGNATURE.

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information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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19 +7 DURATION

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Reg.	Dist.	No	

1. PLACE OF DEATH: County AL LEGA NY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town CIMBERLAND MARY LAND (If outside city or town limits, write RURAL and give nearest town)	State MARYLALD County ALDEGARY		
How long in above place of death?	Street No. CENTRE ST.		
Julmonal Staffatal	(If rurat, give LOCATION)		
How long in hospital or institution? 6.7 DAYS	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
GOLDIE SHEARS GARLITZ	214-16-200		
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FHIALE WHITE D VORCED	2D. DATE OF DEATH. JAN . 14 , 18 47 , 21 10		
6.(b) Name of husband or the Ray Garlety	21. I CERTIFY that death occurred on the date above atated: that I attended deceased from		
7. Birth dala of	and that I last saw h. E. R. alive on JAN. 10		
deceased (mo., day, yr.) JUNE . 1956 906.	Immediate cause of death		
8. AGE: Years Months Days If less than one day	CANCER VTERUS		
40 ? 6 >			
9. Birthpiace KINGWOOD W. VA,	Due to		
10. Usual occupation	Due fo		
11. Industry or business			
12. Name HENRY SHEARS 13. Birthplace N. Va.	Dther conditions		
14. Maiden name. DAISY SHROUT. 15. Birthplace M. Va.	(Include pregnancy within 3 months of death) Major findings of operations		
El 15. Birthplace // /a.	Date of op.		
16. Interment Passa Gades Darlitz	Autopsy results		
Address Omberland Ind. 17. Brank K. Arment Date thereof. (month) (dry) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, aulcide, or homicide		
Cemetery or crematory. Carry January Com.	Where did Injury occur?		
Location Lagrangetton It. Vr.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Louis Stein Inc	Maans of Injury Injured at work?		
	7.71		
Address Camberland	23. SIGNATURE.		
19 Sau 16 19 47 J. Prawklin, M. D. Registrar	Address boson and Koyutal Cambel Bute send ! - !		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2.(a) If veteran, name war.....

3. (b) Social Security Number

CEDTIEICATE OF DEATH

			CERTIFICAT	r
. PLACE OF DEA				
CITA	BERLAND	nits, write H	URAL and give nearest town)	:
ow long in above place ospital, institution, or MEMO	of death? 4 HO street address where d RIAL HOS!	OURS	***************************************	
. (a) FULL NAME				
BABY	GIRL GET	TY		
. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	Г
FEMALE	WHITE	SIN	GLE	l,
(b) Name of husband of Birth dats of deceased (mo., day, yo	000000000000000000000000000000000000000		c) If alive, give ageyears	
B. AGE: Years	Months	Days	If less than one day	
			4hrsmin.	
B. BirthplaceCUM ID. Usuat occupatioa 11. Industry or business 12. NameGOR	NEWBO	RN	GANY, MD.	1
met .	MARYLAND			M
14. Maiden name			HINE	
15. Birthplace MA	SACHUSE	TTS		
16. Interment MEN Address CUM	ORIAL HO	SPITA	L	
	or removal. Which?)			
Cemetery or cremator	, MEMORIA	ALHO	SPITAL	
Location	1		MARYLAND	
18. Funeral director	Sauce	as		
Address		Λ	01-11.50	

State MARYLADN County ALLEGANY	
City or town. (If outside city or town limits, write RURAL and give nearest town)	
(If outside city or town limits, write RURAL and give nearest town)	
Street No.	
(If rural, give LOCATION)	

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

MEDICAL CERTIFICATION

20. DATE OF DEATH JANUARY 14	147 al 9:30p
21. I CERTIFY that death occurred on the date abo	e stated: that attended deceased from ,

and that I last saw h alive on	19/50
Immediate cause of death	DURATIO
ttome Robert	
Due to	
B 1.	

	1	7	19
Other conditions	Myorn	8 Way	0/2
Wet.	In control	Jul-	MY T
, , f PC	(Include pregnancy wit		
Major findings	of operations.	reale	Little -

Autopsy resolts.					,,,,		
PHYSICIAN: P	lease ni	nderline tl	he cause	to which	death should	be charged	statistically

22. 3	/IOLENCE:	If death was	due to external	causes, fil	In the following:	

	-	
Accident, suicide,	or homicide	Date of

Minne	altid Indiana	annur?	***************************************	
BIBLE	ara injury	OCCULL	***************************************	

			(City o	or town	n)	(County)	(Stare)
rad	at home	form Industry.	nublic	niace	(where?)/		

,		,,,,		1	
eans	of Injury		0 -	1/	at work?

	1.1	
1 . 1	11 - 200-	4
	12 7416.	/

23. SIGNATURE..... M. D. or other

.Date s gned .-

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(Date rec'd by registrar)

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JAN 21 1947 BUREAU V 8

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•	information carefully. The of death clearly and legibly
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and
9-45-15M	WRITE PLAINLY, WITH UN is especially important
VS A15	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany			20 9177	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				State Laryland County Allegany	
City or town	FIINTS	TONE	URAL and give nearest town)	Flintathno	
Nam land la chore dose of	dooth?	19	Years	(If outside city or town limits, write RURAL and give nearest town	n)
Hospital, Institution, or st	reet address where d	eath occurred	l:	Street No. Rural	
Rura	l Flir	t.s.t.one	2	(If rural, give LOCATION)	.,
How long in hospital or in				2.(a) if veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number	
J. (6) 1022 III	Υ.	T	03		
			Glasser	None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	1	Varried	20. DATE OF DEATH. Jamuary 20 19.47 31 1	0-05A
	. Tel 4	zehetl	Nelson Grasser	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
				DEC. 3 1046 to Sau. 20	194/
0.010		6.(e) If alive, give age65years	and that I last saw hear. alive on Dec 27	1946
7. Birth date of deceased (mo., day, yr.)	77 - 7	ruary	11 1868		URATION
8. AGE: Years	Months	Days	If less than one day	7.5	ONATION
78	.11	9	hrs min.	Λ	
9. Birthplace	Pennelton	Co. We	est Virginia	Due to acute hephritis	
		Fig. 30	ner		
10. Usual occupation		99	***************************************	Due to	
11. Industry or business					
12. Name		Jnknow.	n	Dther conditions	
13. Birthplace		11			
		11		(Include pregnancy within 3 months of death)	
14. Maiden name		11		Majur findings of operations.	
≥ 15. Birthplace		11			
16. Informant Sal	mel Grass	er		Autupsy results	ally.
Address Flintstone, Md.				22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Bu:	rial	Date the	reof Jan 21,1947 (month) (day) (year)	Accident, suicide, or homicide	
(During Colombia)				Where did Injury occur? (City of town) (County) (State))
ouncer, or or one or,				tnjured at home, farm, Industry, public place (where?)	
Location Flintstone, Md.				Means of Injury tnjured at work?	
18. Funeral director				0 0 111 7	1
Address Cumberland, "d.			, ¹ 'd.	23. SIGNATURE M. D. or other	N.
19. Date rec'd by regi	19 # 7	Nes	us of Beader. Registrar	M. D. or other	/

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MARYLAND STATE DEPARTMENT OF HEALTH

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1	CERTIFICATE OF DEATH					
ormation carefully. The death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For dewborn infants give residence of mother) State				
	3. (a) FULL NAME Charles Clarence &	13.(b) Social Security Number				
tDING tem of inf causes of	male White Amried	MEDICAL CERTIFICATION 20. DATE OF DEATH JAN 7. 19 4 7.21 10 3				
BIN it che	6.(b) Name of hueband or wite Down Challes 6.(c) If alive, give age years	21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from				
FOR solution write	7. Birth date of deceased (mo., dey, yr.) SMA 15 189 V 8. AGE: Years Months Days Viess than one day	Immediais cause of death				
SERVED NK. Suppl s: please v	54 3 22 hrs. min.	Due to Deemsland Eusenes 3				
N RESE NG INK sicians: 1	1D. Usual occupation	Due to.				
FADI FADI	11. Industry or business 12. Name Sto N. Breen 13. Birthplace Bottmere Ind.	Dther conditions				
VITH EN	14. Maiden name Mangaret Kresser 15. Birthplace 15. Birthplace 16. Authorized 17. Birthplace 18. Authorized 19. Authoriz	(Include pregnancy within 3 months of death) Major findings of operations.				
	16. Informant Vinclosh Green	Autopsy results				
LAINLY, especially	Address Countieland 12 Bruss Date thereof Jan 10'47	22. VIOLENCE: If death was due to external causes, till in the toilowing: Accident, suicide, or homicide				
TE PI	(Burial, cremation, or removal, Which) Cemetery or crematory	Where did injury occur?				
9-42	18. Funeral director Amo, Stern Inc	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?				
S A15 LEASE	Address Comperland	23. SIGNATURE Clark M. D. or other				
V	19. Wate red'd by registrar) (Date red'd by registrar) Registrar	Address Date signed				

JANIA 1947 BUREAU V 8

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DR.W.F.WILLTAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: ALLEGANY (For newborn infants give residence of mother) County..... WEST VIRGINIA MINERAL State..... KEYSER City or town ... (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: 566 SOUTH STREET (If rural, give LOCATION)MEMORIAI, HOSPITAI, 2.(a) If veteran, name war How long in hospital or institution? 3. (a) FULL NAME & legal 3. (b) Social Security Number MRS.ELSIE HAGGERT a. Color or race 4. Sex 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION JANUARY 19.1947 FEMALE WHITE MARRIED 2D. DATE DF DEATH..... 21. I CERTIPY that death occurred on the sale-above stated; that I attended decessed from 6.(c) If alive, give age32 years 7. Right date of and that I last saw h ... alive on deceased (mo., day, yr.) DURATION Immediais cause of death If less than one day 8. AGE: 10. Usual occupation HOUSE WIFE 11. industry or business 12. Name PON McDONALD 13. Birthpiacs (Include pregnancy within 3 months of death) 14. Maiden name... Major findings of operations. 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (where?) jurned at work? Maans of Injury 18. Funeral director... 23. SIGNATURE.

Address ..

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ARGIN RESERVED FOR

DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newthern infacts give fisigence of mother) State Continue of the
3. (a) FULL NAME	3. (b) Social Security Number
FERRY EVERE T HARE	218-03-7019
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE DIVORCED	2D. DATE DF DEATH
8. 6) Name of husband or wife. Ashara faste Fare 6. (c) the alive, give age years 7. Birth date of deceased (mo., day, yr.) NOV, 25 1897. 8. AGE: Years Months Days the less than one day 49 70 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended peceased from 19
9. Birthplace	Due to
12. Name WESLEY HARE 13. Birthplace MD. 14. Maiden name ANNIE STARK ND 15. Birthplace ND	(Include pregnancy within 3 months of death) Major findings of operations. Oate of op.
Address universal Date thereof M. 1947 (Burlal, cremation, or removal. Which?) Date thereof M. (Gay) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cittlenges Md- 18. Funeral director Williams Winterburg Address Scantoville, mary Loud.	Where did Injury occur?
19. Date red by registrar) 1947 X. T. Wauflin, Ma.	Addess Legil Slang Date signed 1/15/4



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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY. WITH UNF is especially important.

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ARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Oate signed The Soft

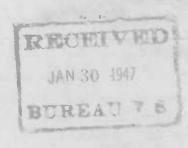
DR. SCHINDLER

CERTIFICATE OF DEATH

Reg. Dist. No ..

131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYTAND Coucly ALLEGANY
City or tows. CHABERIAND (1f outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2	City or town
Hospital, institution, or street address where Beath occurred:	Street No. 222 N. CENTRE ST.
MEMORIAL HOSPITAL	
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE COLORED SINGLE	20, DATE OF OEATH 1947, 21
	21. I CERTIFY that death obcurred on the date above stated; that t attended deceased from
6.(b) Name of hysband or wife.	15 19 7 7 10 garage 2 19 T
7 Sigh of De Community of the Community	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days if less than one day	1 9 pp 1 tools
15 - hrs. min.	and make
9. Birthplace	Due to.
	Marchael I that for
1D. Usual occupsticeJAN.ETOR.	Due to.
11. industry or business	Mino
12. Name JAMES HARRIS 13. Sirthplace BENNA	Other conditions
13. 8irthplace PENNA	(Include pregnancy within 3 months of death)
質 14. Malden name LIZA WILSON	Major findings of operations
14. Malden name LIZA WILSON 15. Birthplace PA.	Major hadings of operations
Maria V Nanh	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mupherland, Ma.	22. VIOLENCE: tt death was due to external causes, fill in the following
17. Surface of the state of the	Accident, suicide, or homicide
Kara Mill (au)	Whers did Injury occur? (City or town) (County) (State)
Cemetery or crematory.	
Location Churcheland, M	Injured al home, farm, Industry, public place (where?)
18. Funeral director Laris Stein S. C.	Means of Injury thjured at work?
Address Primberland Md.	13 m plan le m
1 0 + 1.0 · m >	23. SIGNATURE M. D. or other
19. August 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Address of Mulliff Oate signed on 3 y
/ It/ate rec d by registrat/	- U



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VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00038

Reg. Dist. No.

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 16 hours Hospital, institution, or streel address where death occurred: Miners Hospital Frostburg Md. Street No. 112 N	(If outside city or town limits, write RURAL and give nearest town)		
	none		
Charles G. Hauger 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single 20. DATE OF DEATH	an. 1 19 47 al 7 20P.		
6.(b) Name of husband or wife	occurred on the date above stated: that I attended deceased from		
A110 26 1928	n allead Jan. 1 1947		
8. AGE: Years Months Days If less than one day Basal fra	acture of the skull 16 hrs.		
9. Birthplace Cumberland, Md. 10. Usual occupation. Student 11. Industry or business Fork Union Military Acadamy 12. Name Ward N. Hauger 13. Birthplace Tera Alta, W. Va. 14. Maiden name Nina Cornwell 15. Birthplace Cumberland, Md. 16. Informant Ward N. Hauger Address 112 N. Cedar St. Cumberland, Md. 17. Burial 18. Funeral director. Cumberland, Md. Charles L. George Due to. automock Cinciude Major findings of operation. (Include Major findings of operation.) (Include Major findings of operation.) (Include Major findings of operation.) PHYSICIAN: Please ood 22. VIOLENCE: If dealth accident, suicident,	bile accident.		
23. SIGNATURELL V.	DemingM. D. //- //- Daving M. D. orogher wland w.d. Date signed 2.4. 2		

JAN 8 1947 BUREAU P 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTICICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND Couoty ALLEGANY City or town
3. (a) FULL NAME RICHARD MERRILL HELKER	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of hubband or wifa	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from 18. 7. to 19. 7. and that I last saw h alive on 19. 7. Immediate cause of death esperatury Market 2 dos
9. Birthplace	Due 10
12. Name JOHN I. HELKER 13. Birthplaca MD 14. Maiden name EDITH MURRAY 15. Birthplace W.VA. 16. Intermant Memorial Hospital	Other conditions
Address Cumberland, Md. Burial Date thereof Feb. 3, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory HillCrest Cem. Cumberland, Md. 18. Funeral director Charles L. George Address Cumberland, Md.	22. VIOLENCE: If death was due to external causea, fill in the following. Accident, suicide, or homicide

ADING INK. Supply every item of information carefully: In he correct age Physicians: please write the causes of death clear and registly. BINDING FOR RESERVED PLAINLY, v is especially 国 EASE



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	- 0	UU40/3
Reg.	Diat.	No.

orato limita		2411 N. Ch	DEPARTMENT OF HEALTH arles St., Baltimore ATE OF DEATH	Reg. Dist. No.
City or town(If out How long in above place of Hospital, institution, or st How long in hospital or in	Cumber Side city or town lim death?	outil edeation.	City or fown All Cumber (1f outside city or town) Street No. Balto Pike Rt	County Allegany Land Limits, write RURAL and give nearest town) Lot 2 give LOCATION)
3. (a) FULL NAME	(1) 1	Larion Hendrickson		3. (b) Social Security Number
4. Sex	5. Color or race White	6.(a)Single, married, widowed, or divorced Married		CERTIFICATION 18TY 5 19 111-05 A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 70 9. Birthplace	August Months 4 berland, (Town.c Far Thor	la Middleton 16.6(c) It allve, give age 68 ye 1876 Days It less than one day hrs. m At .2 Allegany Co. Md. county, and state) rmer rming rnton Hendrickson umberland, Md la Gurley	ars and that I last saw h	eloma - 2 yrs
Address Rt 17	#2. Cumber removal Which? Plea t. #2. Cum Willia	nsant Grove Cemetery The control of	Autopsy results. Multiple PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externate the cause t	Date of op. Myelowa to which death should be charged statistically. al causes, till in the tollowing; Date of
19. Address		J. P. Franklin M.	23. SIGNATURE MUTLEVA	M. D. or other

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JANIA 1947
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ithin corpo	2411 N. Charle	EPARTMENT OF HEALTH ea St., Baltimore TE OF DEATH Reg. Dist. No 4.
on carefully. The clearly and legibly	PLACE OF DEATH: County. Allegary. City or town. Climberland. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: Memorial. Hospital How long in hospitat or institution? R. Day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. West Virginia County (If outside city or town limits, write RURAL and give neurest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
informati of death	3. (a) FULL NAME Clayde Junior Hiett 4. Sex 5. Color or race 6.(a) Singls, married, widowed, or divorced	3. (b) Social Security Number
'-	Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 3 18 47 at 9:00p.
TE PLAINLY, WITH UNFADING INK. Supply every it is especially important. Physicians: please write the	6.(b) Name of husband or wifs 6.(c) If slive, give age years 7. Birth date of decsased (mo., day, yr.) December 14, 1946 8. AGE: Years Months Days If test than one day 8. Birthplace Maryland (Town, county, and atate) 10. Usual occupation. Infant 11. Industry or business 12. Name Claude Hiett 13. Birthplace West Virginia 14. Malden name Amy Hutchinson 15. Birthplace West Virginia 16. Informant Memorial Hospital Address Cumberland, Maryland 17. Cumal Date thereof (month) (day) (year) Cemetery or cremstory Woodrow County Cemetery or cremstory Woodrow County	21. I CERTIFY that death occurred on the data above stated; that I attended decessed from 19.47, to 444. 3. 19.47. Ind that I last saw h Im. slive on 9. 19.47. Immediate square of death 0.000 0.0
VS A15 9.42 PLEASE WRI	18. Funerat director 24: 19. Parks Address Berkeley Spring 2002 19. Land to 19. 47. J. Franklin, M.A. (Date rec'd by fegistrar)	Injured at home, farm, industry, public place (where?) Means of injury tnjured at work? 23. SIGNATURE AMERICAN SETTARDIC, M. D. or other Address Manage Haspital Date sened 1/6/47

JANEA 1947 BUREAU V 8

correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important, Physicians: please write the causes of death clearly and legibly.

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PLEASE

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MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Diat.	No.	 4
			/

How long In above plac Hospital, Institution, o	A1	death occurred	URAL and give nearest town) 55 Years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM	IE .				3. (b) Social Security N	umber
			Margaret Himmler		None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Female	White		Married	20. DATE OF DEATH January	7 4 19 47	al2
6.(b) Name of husband 7. Birth date of deceased (mo., dsy,		6.(J. Himmler c) It alive, give age 74 years 14 1872	21. I CERTIFY that death occurred on the date abo 2 3 5 19 and that I last saw h. 2 2 alive on	ve stated; that I attended docean	ed from
8. AGE: Year		Days	If less than one day	Immediaje conse of death	morr too	DOUNTION
74	0	20	hrsmln.		8	
9. Birthplace	••••••	House	y Co. Maryland	Due to		
当 12. Name	Peter	Logsdo	a	Other conditions		
13. Birthplace	Mt			(Include pregnancy within 3 r		
14 Malden name	Elle	n Bren	nen	Major findings of operations		
14. Malden name	F			Major findings of operations		
16. Informant	William	J. Him	mler	Antopsy results	***************************************	
17. Bu	rial	Date ther	Cumberland, Md. 1/7/47 (month) (day) (year) & Paul Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur?	Date of	
				(City or town) Injured at home, farm, Industry, public place (wi		(State)
			. Kight	Injured at home, farm, industry, public place (wi	injured at work?	
Address		erland		23. SIGNATURE JV Ru &.	Lozum	WP
19 Jan.	6 19 4	7. Ja	P. Frankling M. L. Registrar	Address Comballa	ud Web Date signed	11/11/

JAN 14 1947 BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

years

at a			1	1
1	Reg.	Dist.	No	<i></i>

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Street No. about 1/8 miles off Williams Rd. (If rural, give LOCATION) 3. (b) Social Security Number 220-10-2045 MEDICAL CERTIFICATION

19.47 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

DURATION at once

Other conditions apoplexy, previous to

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County)

injured at work? Means of tnjury

" Date signed /:

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18. Funeral director



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg	. D	ist.	No.	

M. D. or other

How long in above place o Hospital, Institution, or s	Al Cumb Side city or town lin I death? Ireet address where d Memorial	legany perland nits, write RURAL and give nearest town) eath occurred: Hospital 3 Weeks	City or town (If outside city or town limits Street No. 200 Decatur ((If rural, give	Allegany New York RURAL and give near St LOCATION)	rest town)
3. (a) FULL NAME		Thomas Lee Hollida		3. (b) Social Security 235-12-8135	Number
Nale	5. Color or race White wife Mar	8.(a)Single, married, widowed, or divorced Married y Catherine McDonald	20. DATE OF DEATH	ove stated: that Lattended dece	ased from
7. Birth date of deceased (mo., day, yr. 8. AGE: Years) Months		and that I last saw h. 1.17.7. alive on	al Failure	DUR.
	(Town, o	oddridge Co, W. Va. county, and state) aling Mines W.P.A.	Oue to Severalized ast	ris-selerotie	8 7
12. Name		s Holliday nion, W. Va.	Other conditions		

Unknown Bland

Cemetery or crematory Greenmount Cemetery

Cumberland, Maryland

West Union, W. Va. Mrs. Thomas L. Holliday

Date thereof

Jan 16/47
(month) (day) (yesr)

200 Decatur St, Cumberland, Md.

william H. Kight

Cumberland, Md.

	3. (b) Social Security 1	Number
NEDICAL CE	235-12-8135 PTIFICATION	
	RTIFICATION	
D. DATE OF DEATH January	13 19 47	at 11-05
1. I CERTIFY that death occurred on the date abov		
Dzc. 20 194	6 10 Jan. 1	5 19.47
nd that I last saw h	m. 13,1	19.₹.7
mmediate cause of death		DURATION
	0-0	
Gentz Tryocardia	it failure,	Sum
ue to Severalized arts	no-selenote	
ly pertubier de	sease	8 423.
ue to.//		

ther conditions	***************************************	
(Include pregnancy within 8 m	onths of death)	
ajor findings of operations		
ntopsy results	ich death should be charged	statistically.
2. VIOLENCE: If death was due to external caus		
ccident, suicide, or homicide		
there did laiury accur?		
(City or town)	(County)	(State)
jured at home, farm, industry, public place (wh	ere?)	
Neans of Injury	Injured at work?	

PLEASE

14. Maiden na 15. Birthplace

Address

18. Funeral director ..

Address

14. Maiden name

17. Burial (Burial, cremation, or removal. Which?)

JAN 21 1947

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Jumba mil and	State Maryland County Allegany	
City or town (If outside city or town limits, write RURAL and give nearest town)	Cumherland	
How long In above place of death?	Uity of 10Wn. (If outside sity or town limits, write RURAL, and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 206 Greene St.	
Windsor Road, The Dingle	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Lilla May Holmes	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	2D. DATE DF DEATH Jan. 15, 19 47 at/2:/3-9 M	
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 29 Let. 40 19 to 15 20. 19 47	
T. Birth date of Thoras O 1074		
	and that I last saw h alive on	
8. AGE: Years Months Days If less than one day	Immediair capse of death	
72 8 6 hrs. min.	will come taking 3 who	
	mer comme james 3 mg.	
9. Birthplace Pittsburgh, Penna. (Town, county, and state)	Due to	
Retired		
10. Usual occupation	Due to Describer Orlandon	
11. Industry or business		
# 12. Name Josiah Holmes	Dither conditions	
12. Name Josiah Holmes 13. 8irthplace England		
14. Maiden name Sarah Wilton	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
14. Maiden name Sarah Wilton 15. Birthplace Penna.	Date of op.	
16. Informant Mrs. S. Lua Syckes	Autopsy results	
Address Windsor Road, The Dingle, Cumber	PHYSICIAN: Please underline the cause to which death should be rharged statistically.	
	22. VIOLENCE: If death was due to external causes, till in the following:	
Burial Burial Date thereof Jan. 18,1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Cumberland, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Charles L. George	Means of Injury Injured 21 work?	
Address Cumberland, Md.	23. SIGNATURE LA A. Van Classes M. D. or other	
Address	23. SIGNATURE M. D. or other	
19. Jan: 18 18 47 Joseph S. Charlen 19		
(Date rec'd by registrar) Registrar	Address Cumt. Date s gned (Date s gned)	

JAN 21 1947 BUREAU V &

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
1.7.	State 200d County allegany
City or town	Wit davege 1 WB -
Now long In above place of death?	(If outside city or town limits Frite RURAL and give nearest town)
Mospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
Now long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Clifford Jesekins	
4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION
male white Single	20. DATE OF DEATH January 212 18 47 21 3:50 P.
	21. I CERTIFY that death occurred on the date above stated; that hattended deceased from
8.(b) Name of husband or wife	Jamay 1 1947 10 Jamy 21 10 47
7. Birth date of A	12:01
7. Birth date of deceased (mo., day, yr) Quly 6, 1943	
8. AGE: Years Days If less than one day	Immediaio cause ut death
3 uns 6 ms. 15 days hrs. min.	
That le and	Due to
9. Birthofice (Town county, and state)	008 10
10. Usuat occupation	Que to.
11. Industry or business	2 = Maan
	Other conditions Conquested Ikail disease - since
12. Name	
13. Birthdace M. Savage and	(Include pregnancy within 8 months of death)
14. Maiden name Mora Virguis Tuckey 15. Birthplace Louacouring and	Major fiudiugs of uperatiums
15 Birthplace Love a refusion and	Date of op.
Del Will of Ocal	
18. Informant Jalen Williams	Autopsy results
Address Mt. Sarage Mid	22. VIOLENCE: If death was due to external causes, fill in the following:
12 Burish 100 therent 1/2 4/147	
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Melhodish Chinefity	Where did Injury occur?
Location set Savege med !	Injured at home, farm, Industry, public place (where?)
Or and Alaba	Means of Injury Injured at work?
18. Funeral director.	11,0
Address 3 & Man St, Frostling mg	23. SIGNATURE William E. Moselly
10 Law 23 - 10 47 Vermis (m2) emil	M. D. or other 1-22-44
(Date rec'd by registrar) Registrar	Address Date signed Date signed

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JAN 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

F	DEATH		W.	Reg. Diet. No	1
ĴΑ	L RESIDENCE (H	HOME)	OF D	ECEASED:	

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County Allegany City or town Homewood Add. near Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
City or town Rural near Cumberland, (If outside city or town limite, write RURAL and kive nearest town) How long in above place of death? Fell dead on road.			
Hospital, Institution, or street address where death occurred: Mt.Savage Rd.in W.Md.Tunnel about 50 feet from west end			
3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security	Number
Henry M. Knieriem 4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced		None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	-
male white Married	20. DATE OF DEATH Jan. 17	19.4.7	1.10.30A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above		
7. Birth date of solution (c) If allive, give age years	and that I last saw h. i.M. alipead.		
deceased (mo., day, yr.)	Immediain cause of death		
8. AGE: Years Months Days If less than one day 77 9 27hrsmin.	Coronary embolus		
9. Birthplace Cumberland, Allegany, Maryland (Town, county, and state) 10. Usual occupation Resturant Owner (retired) 11. Industry or business	Due to. Arterio-scleros	sis	severa]
E 12. Mame William C Knieriem 13. Birtholace Germany	Dther conditions (Previous)Ap		1940
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations.		
		Date of op	
16. Informant Eldon O Paxton Address Mt. Savage Road, Cumberland, Md.	Actors y results		
17. Burial Date thereof Jan 20, 1947 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of	
Cemetery or crematory Zion Kemorial Cemetery	Where did Injury occur?	(County)	(State)
Location Cumberland, Md.	injured at home, farm, industry, public place (wh		***************************************
18. Funeral director William H. Kight	Means of Injury	Injured at work?	A Section 1997
Address Cumberland, Al. O	23. AIGNATUREH. W. DemingM.		
19. Jan 20 1947 Jos G. Karklist Registrar	Address Carles Address		

JAN 30 1947 BUREAU V S.

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	WRITE	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00050 Reg. Dist. No.

CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)
y or town (It outside city or town imits, write RURAL and give nearest town)	State State Country Alagrand
W long in above place of death?	City or town
spital, institution, or street andress where death occurred:	Street No. 9 9 Vashington St.
79 Hadrigher II.	(If rural, give LOCATION)
w long In hospital or Institution?	2.(a) If veteran, name war
(a) FULL NAME	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Singlet married, widowed, or directed	MEDICAL CERTIFICATION P.
emale White Widowed	20. DATE OF GEATH January 25 19 47 3130 M
(b) Name of husband or wife Convalle 17 roll	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	September 10 (646 10 January 25 19 47.
Birth date of deceased (mo., day, yr.)	and that last saw h allve on Janufary 25 19 1.
deceased (mo., day, yr.) Cec - 6 - 18 18 AGE: Years Months Days If less than one day	Immediate cause of death OURATION
68 1 19hrsmin.	Tight only disease Smos.
00 14 010	Due to
Birthplace Cown, county, and state)	A 4
Usual occupation.	Due to Chillia - A clero Sis.
Industry or business	
12. Name	Other conditions
13. Birthplace Lesponent	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Oate of op.
3. Informant 18 Sept - And Total	Autopsy results
Address 103 Washington St. Frostling	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof 1- 28-1911	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did Inlury occur?
Cemetery or crematory A January Quantity	
Location :	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
B. Funeral director acost	918 1.119 O
Address Jerestrung	23 SIGNATURE F. C. Well, M. D.
1-27 1.47 Mus Mauly N. Kve	7. 10 M. D. or other
(Date rec'd by registrar) Registrar	Address Thoseway and Date signed 12/1/4/

JAN 29 1947 BUREAT 7 5

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PLAINLY, WIFH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infanty give residence of mother) State Manyana County County City or town (If outside sty or spwn limits, write RUKAL and give nearest town)
How long in above place of death? Hospital, institution, or skeet address where death proceeded: 15 October 1000 Communication of the	Street No. 825 Columbia are (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Frederick 4. Sex 5. Color of face 6. (a) Single, married, whowed, or divorced	3.(b) Social Security Number 217-10-4904 MEDICAL CERTIFICATION
male White Bruring	20. DATE OF DEATH JAM 3 19 47 21 /D 39/3
6.(b) Name of husband or wife Anna Andrews September 18 August 18	21. I CERTIEV that death occurred on the date stone stated: that I attended deceased from the state of the st
7. Birth date of deceased (mo., day, yr.) Seft 2/1882 8. AGE: Years Months Days If less than one day	and that I last saw h. Malive on DURATION DURATION O LLOW
8. Birthplace	min. Oue to
10. Usual occupation	Due to.
12. Name Kinffner 13. Birthplate Summerny	Other conditions.
14. Malden name Elizabeth Hartung 15. Birthplace Burnany	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Perfect Kniffmer	Aulopsy results
Address 17. Daniel Burial, cremation, or removal. Which? (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory washing both bloom.	Where did Injury occur?(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director. Kornis Sterri Dac	Maans of Injury Injured at work?
19. Jan 7 18. 4. 7 J. P. Tranklin, Reg	M. L. 23. SIGNATURE. M. D. or other The street Address Conclusioned LUA Date signed

Registrar | Address...

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Date rec'd by registrar)

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information carefully. The of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

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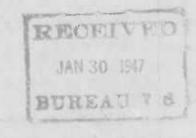
DR. W.F. WILLIAMS 2411 N. Charle	s St., Baltimore
CERTIFICAT	E OF DEATH Reg. Dist. No4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYLAND County ALLEGANY
City or fown	
How long in above place of death? 72 YEar 5	-City or town
Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL	Streel No(If rural, give LOCATION)
How long in hospital or Institution? 1 DAY	2.(a) If veteran, name war.
3. (a) FULL NAME Louise	3. (b) Social Security Number
MRS. LASHLEY	Hone
4. Sei 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE Widowed	20. DATE OF DEATH JANUARY 12 19.47 6:20 Am
Henry Lackley	21. I CERTIFY short death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife Henry Lastiey	13/. 1945 10 /- 12-1947
7. Birth date of deceased (mo., dev. yr.) MARCH 17 1874	and that last saw h alive on
	Immedia, was of death
8. AGE: Years Months Days IT less than one day 72 /0 5hrsmin.	Contract of the second
) bis	
9. BirthplaceMARYIAND. (Town, county, and state)	Tranchise while
10. Usual occupation HOUSEWIFE	Que to Server Att
11. Industry or business Owy home	7 69
置 12. Name ISAAR WILSON	Olher conditions
NARYLAND	(Include pregnancy within 3 months of death)
14. Malden name CATHERINE ASH	2000
14. Malden name. CATHERINE ASH 15. Birthplace MARYLAND	Major findings of operations
MEMODEAT HACDEMAY	Autopsy results. 2002.
CURUPANT AND MD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Cremation, or removal. Which?) Oale thereof Ton U.S. 14. 1947. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Lastley Family Cemetery	Where did Injury occur?(City or town) (County) (State)
Location Near Flintstone, Md.	Injured at home, farm, indusfry, public place (where?)
18. Funeral director Taka T. Hafer	Means of Injury Injured at work?
Address Cumberland Md.	M.F. William
0 11 12 1 P J 11: m)	23. SIGNATURE M. LL ce other
Date rec'd by registrar) Registrar	Address & Manufactured Signed (- 13-4)

ADING INK. Supply every item of Physicians: please write the causes RGIN RESERVED FOR PLAINLY, WITH UNF is especially important. RITI PLEASE

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23. SIGNATURE.

M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N. Ch	arles St.,	Baltin	more	
CERTI	FIC	ATE (OF	DEA	TH

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g.	Dist.	No.	7	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Oldlygessey	(For newborn infants give residence of mother)
City or town (If outside city or town lights, write RURAL and give nearest town)	State County County
How long in above place of death? 6 Tytass	(If outside city or town limits, write RURA), and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 170 Centre St.
meners Naspilal	(If rural, give LOCATION)
How long in hospital or institution? 5. Bacus	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 214-22-3868
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white wideres	2D. DATE DE DEATH. ON 1947 at 5 PM
6.(b) Name of husband or wife 21 a 2 p 2 a l l sta	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	() 1 / () () ()
7. Birth date of deceased (mo., day, yr.)	and that I last saw harmalive on 19.44.
8. AGE: Years Months Bays if less than one day	Immediate cause of death
or itself	Chr Myoralaus Sereial
67 8 18hrsmln.	y were
9. Birthplace Comment Landa throng Allerty of and and	Due to
10. Usual occupation per last of the all spreads	Due to
11. Industry or business	
12. Name I Company of the I designed	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Colored The Co	Major findings of operations.
2 15. Birthplace Scotland	Date of op.
16. Informant Carrowald & Markon Son &	Autopsy results
Address 480. 2 Male Vigles ale	22, VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Bate thereof 4-1947.	Accident, suicide, or homicide
Cemetery or crematory Allegand	Where dld injury occur?
THINX !	tnjured at home, farm, industry, public place (where?)
Location State of South State of Land State of Land	
18. Funerat director and and the state of th	Means of Injury Injured at work?
Address Trolling my	23, SIGNATURE DOTTI Function
19. 1-2 (Date rec'd by registrar) 19. 47 Mus Havey A. Registrar	Address Footburg My Date signed M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
County Cily or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
3. (a) FULL NAME Sarah B mahe 4. Sep 5. Color or race 6.(a) Single, married, widowed, or divorced Hunale White married	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 25 1947 21 3 30 F.
6.(b) Name of husband or wife Annual	21. I CERTIFY that reach occurred on the date above stated; that I attended disceased from 19 # 10 # 2 5 19 # 19 and that I last see a live on 18 # 19 Immediate cause of death DURATION
9. Birthplace	Oue to
14. Maiden name Olyabeth Kirchener 15. Birthplace 16. informant Day Arthur Brand, Address Ournherland, Ind.	(Include pregnancy within 3 months of death) Major findings of operations
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Development County (year) Location	Accident, suicide, or homicide
Address Combesland. 19. Addin 28. 19. 4 7 J. P. Trauklin, M. L. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Cambridge Date signed 27/4-



Within corporate fig. Y. Call Georges MARYLAND STATE DEPARTMENT OF HEALTH R. WILLIAMS 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State WEST VIRGINIA County MINERAL (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: ENORTAL HOSPITAL (If rural, give LOCATION) How long in hospital or Institution? 7 DAYS 2.(a) II veteran, name war..... death 3. (a) FULL NAME 3. (b) Social Security Number GEORGE MCS BEE 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION WHITE MALE MARRIED 20 DATE OF DEATH JANUARY 9 19.47 at 1.7.2.45P 21. LCERTIFY that death occurred on the date shove stated; that Lattended deceased from deceased (mo., day, yr.) SEPTEMBER19. If less than one day 8. AGE: 67 20 9. Sirtholace MARYLAND (Town, county, and atate) 10. Usual occupation... 11. Industry or business 13. Birtholace (Include pregnancy within 3 months of death) Major findings of operations. El 15. Birthplace 16. Informant MEMORIAL HOSPITAL Address CH PERL ND, MARYLIND PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Burial Date Thereof Jan. 13, 1947 (Burial, cremation, or removal, Which?) PL. Accident, suicide, or homicide..... Cemetery or crematory HillCrest Burial Park Where did Injury occur? (City or town) Cumberland, Md. Injured at home, farm, Industry, public place (where?) Maans of injury Injured at work? 18 Funeral director Charles L. George Cumberland, Md. 23. SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
(ohn) MCBee	705-10-7555
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH \ an 15 1947 01/30 PM
6.(b) Name of husband or wife Analysia 24 5 Bell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr. 124 · 78, 188	Immediate cause of death
8. AGE: Years Months Days It less than one day	I trust al somissed hammadage 10 days.
9. Birthplace Almand Mills (Town, copity, and state)	Due to I takend Johnson Committee
10. Usual occupation.	Due to.
11. Industry or business 1 1. Industry or business 1 12. Name 12. Name 21.	Other conditions
12. Name Jack 21 Bel 13. Birthplace H. Ya	(Include pregnancy within 3 months of death)
14. Malden name Mariny Audam 15. Birthplace MA	Major findings of operations
∑ 15. 8irthplace MA	Date of op
18. Informant AMM MEBLE M	Autopsy results
Address / Heffly y , May 18 1921	22. VIOLENCE: If death was due to external causes, fill in the following:
(Barial, eremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Usabrone em	Where did injury occur?
Location Cresaptory Md	Injured at home, farm, industry, public place (where?)
18. Funeral director of hospitality S. Book	Means of Injury Injured at work?
Address Healenford Md.	23. SIGNATURE / / / / Demany 2n 2 M. D. or other
19. Ala 19. 47 X Nauklu, M.A. Date rec'd by registrar Registrar	Addres Control Park Date signed 1-13/147

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JAN 21 1947 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

23. SIGNATUR

48 HUMBIRD ST (If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

How long in above place of Hospital, thistitution, or s	GANY BERLAND tside city of town of death? chreet address where RIAL HOS	mite, Write in day 3 death occurred PITAL	RURAL and give nearest t		2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother State
3. (a) FULL NAME					3.
BAB	Y BOY MI	LLER			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorc	ed	MEDICAL CERTI
MALE	WHITE		SINGLE		20. DATE OF DEATHJAN31
		9, 194			21. I CERTIFY that death occurred on the date above state 29 194 2 and that I last saw h
8. AGE: Years	Months	Days	If tess than one day		Respiratory
0	0	2	hrs.	min.	Respiratory
	(Town, INF)	NT.	BERLAND.)		Due to. Prematuri

MD. Cumberland

Cemetery or crematory Zion Memorial Park

Cumberland

(If rural	, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICA	L CERTIFICATION
	1917 at 3 : 50/
29. I CERTIFY that death occurred on the di	ate above stated: that I attended deceased from 19.4 2 19.4 3 19.4 3 19.4 3 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4
and that I last saw h. J. My alive on	2/ 19
Respir	Aforg TAIlure
Due to Prema	turity 6-7140
	1
Other conditions	
	hin 3 months of death)
Major Indings ut operations.	Oate of op.
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due to exter	nal causes, filt in the following:
Accident, sulcide, or homicide	Date of
Where did injury occur?(City or t	own) (County) (State)
tnjured at home, farm, tndustry, public pla	ace (where?)
Meens of tnjury	Injured at work?

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13. Birthplace 14. Maiden name

18. Funeral director

Address

Burial (Burial, cremation, or removal, Which?)

(Date rec'd by registrar)

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(Date rec'd by registrar)

FOR BINDING

MARGIN RESERVED

DR. GROVES

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg.	Dist.	No	

9:35Pm

DURATION

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1. PLACE OF DEATH: COUNTY ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. MARYLAND COUNTY ALLEGANY City or fown. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution?	Street No. 61 GREEN STREET, (If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME MRS. AGNES WILSON MILLER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced FEMALE WHITE WIDOW	MEDICAL CERTIFICATION 20. DATE OF DEATH. JANUARY 26, 1947
6.(6) Name of huaband or wita WILLIAM MILLER. 6.(e) If alive, give age years	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) JULY 30, 1860	Immediair cause of death.
8. AGE: Yeara Months Days If less than one day 86 5 26 hrs. min.	2 no dune 1 night
9. Birthplace	Due to. Due to.
12. Name JOHNATHAN WILSON MARYLAND	Other conditions
14. Malden name MAT.ILDA WILL.ISON	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant MFMORIAL HOSPITAL,	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address CUMBERIAND, MD. 17. Burial Date thereof Jan. 30, 1947. (Burial, cremation, or removal. Which?) Cemetery or crematory I.O.O.F. Cem.	22. VIOLENCE: 1f death was due to external gauses, fill in the following: Accident, suicide, or homicide
Location Near Flintstone, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles L. George Addgess Cumberland, Md.	2.63. have mil
19. All 29 1947 J. P. Trauklin, M. D. (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. or other Address Currelevel and M. D. or other Address Currelevel and M. D. or other

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23. SIGNATURE...

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Address 2 Brookway I roothray Date Sened 1/24

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MRYLAND County ALLEGRNY City or town FROSTBURG (If outside city or town limits, write RURAL and give nearest town) Street No. 77 W. 200 St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME PAUL ALOYSIUS MONAITAI	7
4. Sex MALE Stolor or race MARRIED 6.(a) Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATH 24 JANUARY 19 47, 21 4:15 A
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JANUARY 18 1947, to JANUARY 24947. and that I last saw h.i.m. alive on JANUARY 23 1947. Immedia: cause of death ACUTE CARDIAC FAIL- BURATION URE due to Hypertension 2 news
9. Sirthplace FROSTBURG - ALLEGANY - MD, (Town, county, and state)	Due to QUAGETES MELLITUS 15 956
10. Usual occupation. 11. Industry or business GROCERY 12. Name. 12. Name. 13. Birthslace ENGLAND	Oue to CHRONIC GLOMERULONEPHRITIS 1968. Other conditions
14. Maiden name FHIZABETH M. DONA HUE 15. Sirtholace FROST BURG. 16. Informant TOSEPH MONAHAN	(Include pregnancy within 3 months of death) Major fiedings of operations. Date of op. Aclopsy results. NOT PONE
Address 77 (N. LOO St FROSTBURG, MQ. 17. BURIAL (Burial, cremation, or removal, Which?) Cemetery or crematory. ST. MICHAELS CEMETERS	PHYSICIAN: Pfease underline the cause to which death should be charsed statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: NONE Accident, suicide, or homicide
Location FROSTBRIRS - MD 18. Funeral director TACOB THAFER Address MAIN ST FROSTBURS - MB. 19. 1-24 (Date rec'd by Fegistrar) 19. 47 Mus. Manuely N. Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE. LAST IN M. D. or Cher, Address. A Barrafuray FreeHray Date Sened 1/214/47.

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Allegany	(For newborn infants give residence of mother)		
City or town Culty Serland	State Ma County Allegany		
(If outside city or town limits, write RURAL and give nearest town)	City or town Cumberland		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Mospital, Instilution, or street address where death occurred:	Street No. 225 Harr: 307 37		
Allegary Hospital	(tf rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Baby Boy Mowery	Marin		
7 7 7	1/10700		
	MEDICAL CERTIFICATION		
17 W Single	20. DATE OF DEATH TANDARY 15 19 47 21 3:15 A M		
7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8.(b) Name of husband or wife			
6.(c) If alive, give ageyears	Je 19 4 7, 10 13 19 4 7		
7. Birth date of	and that t last saw halive on		
deceased (mo., day, yr.) day day 14 1947	Immediais cause of death OURATION		
o. Add.			
6hrs 15min.	Monstrocity		
3. Birthplace Cumberland, Allegary, Md			
9. Birthplace Court Sevice of Hile 2014 of Town, county, and style of	Hoer bops + class Polate		
10. Usual occupation In Fact			
	Oue to		
11. industry or business			
E 12. Name Cyrus Mowery	Other conditions		
13. Birthplace Hyndman, Pa,	(Include pregnancy within 3 months of death)		
# 14. Maiden name Mingie Tones	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
El 15. Birthpiace Ridgely, W.Va.	Qate of op.		
16. Informant Pase 1/0 Fairall	Autopay results		
	PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address 225 Harrison St. Comberland	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
. ,	Addition of the second of the		
Cemetery or crematory Hyndman Cemetery	Where did injury occur?		
Location Hyndman, To.	Injured at home, farm, Industry, public place (where?)		
7 10 111	Means of injury injured at work?		
18. Funeral director	0 1		
Address Colore by Kanled Tyd.	Clay) turned		
1 00+ 10 do x	23. SIGNATURE M. D. or other		
19 Jan. 16, 1847 X. P. Manklin, M.D.	Cambaland 15/47		
(Date rec'd by registrar) Registrar	Address Oate signed		

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DR. DAUGHERTY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

O. NO.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	ED:	
				State MARYLAND County ALLEGANY		
(If outside	de city or town l	imits, write R	URAL and give nearest town)	City or town PROSTBURY (If outside city or town limits, write RU.		
How long in above place of d Hospital, institution, or stre						arest town)
MEMORIAL				Street No. 154. LOO ST. (If rural, give LOCATION	4)	***************************************
How long in hospital or inst				2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b)	Social Security	Number
CUADON TE	ורו הדדדעו יבו	TEE			MANO	
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFIC	CATION	
FEMALE W	HITE	SING	LE	20. DATE OF DEATHJANUARY 2.5	19 47	.at. 8:40 M
6.(b) Name of husband or w	ife	****************		2t. I CERTIFY that death occurred on the date above stated: t		
7. Birth date of		6.(c) If alive, give ageyears	Nov. 7. 19 46, to		19.47
7. Birth date of deceased (mo., day, yr.)	JIII.Y	23 10	43	and that I last saw h. A. alive on Jan. 25)	DURATION
8. AGE: Years	Months	Days	43 It less than one day	Immediair cause of death Corcus	me.	DUNATION
3	6	2	hrsmin.	of eye with		approx
9. BirthplaceCUM	BERLANI	ounty, and s	Y.J.A ND	Due to Cherebral melo	is Tesis	& miles
1D. Usual occupation				Due to.		
11. Industry or businees						
12. Name JOH.		JR Y HY		Dther conditions		
H 14. Maiden nameS.	ARAH ST	PERT.E		(Include pregnancy within 3 months of d	eath)	
T	ARYLANI			Major findings of operations.	Nate of no	
16. Intermant			AL.	Antopsy results		statistically.
Address CUM	BERLANI	MAR	YLAND	22. VIOLENCE: If death was due to external causes, fill in the		
17. Dureal (Borist, cremation, or	removal Which?	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	///	anu	Clu	Where did Injury occur?	(County)	(State)
Laudin	Troth	us :	ml	Injured at home, farm, Industry, public place (where?)		
Location	1 () (1)		L		jured at work?	
18. Funeral director	t the same	Ulle S.	In I	1101	0	
Address	Pastle	ugge	1/4.	23. SIGNATURE A. O. Cosper	m. ?).
19 Au. 25 (Date rec'd by regist)	(ar) 19.4/7	1	ranklin, on L	Address 108 huterum Cene.	M. D. o	Jan 25, 47
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PLEASE

BINDING

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Allegary	(For Lewborn infants give residence of mother)
City or town Carmbaland	State Mary County Allgany
City or town	City or town & um mland
How long in above place of death? 47m 21 days	(If outside aty or town limits, write CURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	Street No. 101 July 21.
JOI TAJUL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Uscar &	mesay 214-07-6869
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Garanced	(lam. 18 .2/7.78.
may were morning	20. DATE OF DEATH 19.7 at
6.(b) Name of husband or wife INA ANTENDED	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19. T. ft. to
7. Birth date of	and that I last saw h alive on 18 4
deceased (mo., day, yr.) Way 97 1899	Immediais cause of daath
8. AGE: Years Months Days tt less than one day	
47 — 71hrsmin.	Coronary Thrombours - Such
16. 1. Co. of G. M	
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation asetate sligh	
ID. Usual occupation.	Due to
11. Industry or business belanese Book.	
12. Name Namel Inning IV. Va.	Dither conditions
13. Birtholace	
	(Include pregnancy within 3 months of death)
14. Maiden name Many Hamslin Ond.	Major findings of operations
≥ 15. Birthplace	Date of op
Com Man O Chandeless	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Comboland	22. VIOLENCE: tt death was due to external causes, till in the following:
17 Bright Date thereof Am 23 47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	
Cemetery or crematory Dreemmont Gen).	Where did injury occur?
La semples la a d	tnjured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director atms sun Juc	
Addis Comphaland.	acon funció
	A. SIGNATURE
19. yaw 10/ 19 H/ po Travelle 11,	D. Cumberland 1/4 1/4.
(Vate rec'd by registrar) Registrar	Address Date signed



UXFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UXF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	U	ŲĮ,
Reg.	Dist.	No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn is fasts give residence of mother)
County allyging	(1/1/2 = = = = = = = = = = = = = = = = = = =
City or town (11 outside city or town limits, write RURAL and give nearest town)	A. A.
How long in above place of death? 2 1 years	City or town
Hospital, Institution, on street address where death occurred:	Street No. OP: La. Mas Trestland
Zullman P. L. non Frostling	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cast O' New	2/8-09-339/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH. FAMUAUS 29 19/47 21 600 KM
1 1 1 1 Cont.	21. I CERTIFY that death occurred on the date above stated: that Lettended deceased from
6.(b) Name of husband or wite College Man State College Colleg	9/10/2m/1.23/46 10 7700 29 1047.
7. Birth date of 2 years	and that I last salk I in alive on Town 129 1847
deceased (mo., day, yr.) Say 14 1887	Immediate cause of death.
8. AGE: Years Months Days If less than one day	
62 /4/1 8// 13hrsmin.	Coronary accelerated 1 hr
9. Birthplace (Town, county, and state)	Due 1957
((Town, county, and state)	C=V- Rivel disease with heathy 14/
10. Usual occupation Deline	Due to
11. Industry or business Qual friends.	7
# 12. Name Company	Dther conditions
13. Birthplace	(Include pregnancy within 8 months of death)
# 14. Maiden name Colore Parks	
15 Birthplace	Major fiadings of operations
	Date of op.
16. Informant	- Autopsy results
Address /1. do - May I vestling by a	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burna Date thereof 2-11-47	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur?
Cemetery or crematory.	
Location Trondung	Injured at home, farm, Industry, public place (where?)
18. Funeral director actiff	Means of Injury Injured at work?
Address Frestling In	(MSNATTINA MIK)
2 IN P	23. SIGNATURE M. D. or other
19. 2— 19. Mos & aud Me legistrar legistrar	Address Thornwy Wild Date signed 1/30/47

half to be howing, The he was in Accompanyment The delication of the second MA SIVER FEB 3 1907 BUREAU VE

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

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1. PLACE OF D	EATH: Allegar	177	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County			State Maryland county Allegany		
	f outside city or town lim	its, write RURAL and give nearest town)	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution,	or street address where de	ath occurred:	Street No. 501 Decatur S		
	Allegany Ho		(If rurat, g	ive LOCATION)	
	or Institution? 5 1	itimres	2.(a) If veteran, name war		• • • • • • • • • • • • • • • • • • • •
3. (a) FULL NA		ENJAMIN ARTHUR POOLE.	prop	3. (b) Social Security Number	
	5. Color or race	6.(a)Single, married, widowed, or divorced		214-14-7858	_
4. Sex				CERTIFICATION	
Male	White	Married	20. DATE OF DEATH Jamuary 7	19.47 217:50)A.
		na Belle Jones Poole	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from	47
T. Birth date of		6.(c) If alive, give ageyears	and that last saw h and alive on	Quel 23	4.6
deceased (mo., ds		Days If less than one day	Immediate cause of death	DURI	HOITA
8. AGE: Yes	ats months	29min.	Carelina (FF	worken 26	pre
	1 1 1		11 12 - 7	<i>H</i>	1
9. Birthplace	mper Land, Al	legany, Maryland	Due to. A grand		
1D. Usual occupation	Door Tend	er	P. de		
11. Industry or busin	ess Fraternal	Order of Eagles	Due tu		
12. Name B	enjamin C. P	oole	Dther conditions		
12. NameB	Cumberland,	Md.	(Include pregnancy within		
H 14 Maiden nam	. Cora Falle	n			
	Mercersbu		Major findings of operations		
		le Poble	Autopay results.		
			PHYSICIAN: Please underline the cause to	which death should be charged statistically.	
		ect, Cumberland, Md.	22. VIOLENCE: If death was due to external	causes, fill in the following;	
17. DUL 12. (Burial, cremati	on, or removal. Which?)	Date thereof Jan. 10, 1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crem	tory Hill Cres	t Burial Park	Where did Injury occur?(City or town	n) (County) (State)	
location	Cumberland,	Md.	Injured at home, farm, Industry, public place	(where?)	
		. Kight	Means of Injury	Injured at work?	
	Cumberland,		22 SIGNATURE Allas	6/2 /	
Address		1 0 f 11. 5m 1	23. SIGNATURE	M. Dor other	20
19 XXII 9	registrar) 19 4 7	X: F. Ovauklin, M. D. Registrar	Address Som low 2.	I have signed land	8
/ Date 100 a 43		//			-

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Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: outside city or town (imits, write RURAL and give neapest town) (If rural, give LOCATION) 3. (b) Social Security Number

21. LAERLIFY that death occurred on the date above stated; that I attended deceased from DURATIO

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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			11.0
1	Reg. Diat.	No	

Tras

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (0) Social Security Number None		
Leels Abbotte Powell 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DE DEATH. Jamuary 2 19 47 at 1 9 3/8		
6.(6) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated: that I attended deceased from 19 40, to accept. 4 19 40 and that last saw hele alive on 19 40 Immediate cause of death. Many a particular our our our our our our our our our ou		
8. AGE: Years Months Days It less than one day	3 ruths		
59 7 13hrsmin.			
9. Birthplace Levels, Hampshire Co, W. Va. (Town, county, and state) 10. Usual occupation House 11. Industry or business	Due to Alleforthing Andrews Congress One to Heffe Technical Congress		
David M. Dicken 12. Name David M. Dicken 13. Birtholace Cumberland, Md.	Dther conditions		
14. Maiden name Mary Jane Twigg 15. Birthplace Cumberland, Md. 16. Informant Robert T. Powell	(Include pregnancy within 3 months of death) Major findings of operations.		
≥ 15. Birthplace Cumbertanu, Mu.	Date of op		
Robert T. Powell Address 609 Frederick St, Cumberland, Md.	Autopsy results		
17. Purial Date thereof 1/5/47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide		
Cemetery or crematory Hill Crest Cemetery			
Location Cumberland, ld.	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director	Micario VI Injuly		
Address Cumberland, Md.	23. SIGNATURE M. D. as other		
19 Lau 5 19 47 J. P. Nauklin M. Registrar	Address 1- Jedes Di Cassepelador signed 1 4 4		

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
To seph Francis Prott 4. Sex 5. Color or race Married Married	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace	Due to
11. Industry or business any business 12. Name Grange Pratt 13. Birthplace 17t. Savage 17d. 14. Maiden name Ellen Lackin 15. Birthplace 17t. Savage	Diher conditions
Address / ZI Baltimore St. Comperland 17. Toron Buria Date thereot Tanuary 18, 1947. (Burial, cremation, or removal, Which?)	Autopsy results
Commetery or crematory St. Patrice's Commetery Location Guers Serland, Md 18. Funeral director Johns Jo Hange	Where did injury occur?
19. (The rec'd by registrar) 19.4.7 D. Frankling Registrar	23. SIGNATURE. W. C. C. C. M. D. Jother Address Comball Land Bate signed Acres 16.

JAN 21 1947 BUREAU V 8

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County XOA CO DINAMA	State Land State County Children and s
(If outside city of town limits, write RUR a), and any chearest town)	City or town (If objected by or town limits, write RURAL and sive agarest town)
How long in above place of death?	(If offside city or fown limits, write RURAL and give nodrest toyin)
Hospital, Institution on street address where death occurred:	Street No
Darge on woevall	(Il ruent, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 1	3. (b) Social Security Number
Charles G. Newhelt	216-05-5889
4. Sex 5. Color or race 6.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION
Thate White Single	20. DATE DF DEATH. 18.4.7 21 9 /2 M
1- 1	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	
6.(c) If alive, give age	Llde 2 4 19.4 L 10 Jam !! 18.4 7
7. Birth date of	and that I last saw h 19 47
deceased (mo., lay, yr.) Dec, 23, 196	Immediain cause of death DURATION
8. AGE: Yeare Months Days If less than one day	Carline failure dur to
50 - 18	A A A A
- College Coll	Jahrelas Miller
9. Birthplace 25 May (Conung, and state)	Due to
Town, county, and atate)	
1D. Usual occupation	Due to
11, Industry or business General Marchaeles Hall	
KI WILLIAM Bainholt	
E 12. Name	Dther conditions
13. Birthplace Un the with	(Include pregnancy within 3 months of death)
# 14. Maiden name Un Ryown	
14. Maiden name Un Kranun 15. Birthplace Un france	Major findings of operations
E 15. Birthplace Unfrance	Date of op.
16. Informant Anasanat Beschilt	Aolopsy results
and, and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Lipnaconing that	22. VIOLENCE: If death was due to external causes, fill in the following:
1 1 1 1/2 1 190 Bate thoront 1211 14, 190	
(Burial, cremation, or removal, Whigh?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Adla July Classification	Where did Injury occur?
leading I maconing mal	Injured at home, farm, industry, public place (where?)
Location Location	Means of Injury Injured at work?
18. Funeral director	means of mary
1	N N N N N N N N N N N N N N N N N N N
Address mac oning Islan	A3. SIGNATURE / Luny M. I todyson
1 havet 47 Sailnette in Goa	M. Dor other
19. (Date rec'd by registrar) Registrar	Address bracksung and Date signed 12 4!

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The carrect age is especially important. Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED

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information carefully. The of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)	State Maryland countillegany
How long in above place of dealh?	City or town Mt Savage (If outside city or town timits, write RURAL and give nearest town)
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EMMA FLIZABETH REYNOLDS A Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None MEDICAL CERTIFICATION
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed	2D. DATE DE DEATH JOURS 20. DATE DE DEATH JOURS 20. DATE DE DEATH JOURS 20. MAIS DE LA COMPANION DE LA COMPANI
6.(b) Name of husband or wife	21. J CERTIFY that death occurred on the date above stated; that / attended deceased from
7. Birth date of Oct char / 1877	19.77 10. 27
7. Birth date of deceased (mo., day, yr.) October 4, 1877	and that I last sow h alive on 19 Imphediais cause of death DURATION
8. AGE: Years Months Days If less than one day (9 3 23	To The Solet
9. Birthplace Mt. / Savage, Allegany County, Maryland	Due to Carte Carte
10. Usual occupation Housewife	Due to
11. Industry or business Own Home	1/4000
Stephen Porter 12. Name	Other conditions
	(Include prespancy within mopths of death)
14. Malden name Elizabeth Woods S 15. Birthplace Virginia	Major findings of aperations
	Sall factory bale of optics?
16. Informant Mrs. James Graham	Actopsy results
Address Mt. Savage, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereo Jan. 30, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory St. Patrick's Cem.	Where did Injury occur?
Location Mt. Savage, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Brostburg, Md.	1 Chapare 0
10 Jan 28, 1047 & P. Franklin M.L	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date signed Date signed

ADING INK. Supply every item of Physicians: please write the causes BINDING FOR MARGIN RESERVED PLAINLY, WITH UNF. is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH: Offegoury	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
-ta-t-/h - 1	State Maryland county, Magany
City or town	(it suiside city or town limits, write RUR and side nearest flown)
How long in above place of death?	Street No. Ce Jachin Sto.
washington fl.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clara Mue Reduckers	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tousle White Widnes	20. DATE OF DEATH 200 18 19 47 , at 2 4
6.(b) Name of husband or wife. Lazepsh Richardson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	19 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10
7. Birth date of deceased (mo., day, yr.) Queley 6, 1868	and that I last saw h
8. AGE: Years Months Days It less than one day	Immedia cause of death Duration Sulley
78 6 //hrsmin.	
Tale Summit met.	Due 10.
9. Birihplace	Typerlenseon
10. Usual occupation	Due to
11. Industry or business	
12. Name relate duckworth	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Muy Youkel 15. Birthplace Sumuly	
No 15 Birthologo 98 4 Mars	Major findings of operations. Date of op.
51 m/212	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 143 Maple St. Frenkly MA.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Illegases	Where did Injury occur?
Location Fronthips 1	Injured at home, farm, industry, public place (where?)
(Of Deep t	Means of Injury Injured at work?
18. Funeral director	LIBMY OS SO
Address Transmurg 1100.	23. SIGNATURE M. D. or other
19. 1- 20 19 47 Mus. Nauly A- Registrar	Address Frast burg Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

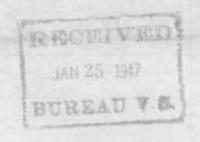
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Ollegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown. (If quiside city or town) miles, write Rivial and give mearest town)	State L. L. S. J. L. County L.
How long in above place of death? The state of the state	(14 or town (14 or town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Lawburghs Street
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Farrah Lynch Richurs	3. (b) Social Security Number
4. Sex 5. Color or race 8 to Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Vidoved	20. DATE OF DEATH Jan. 19 19 47 01 11 P. M
Chan C. Rial arrand	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(6) Name of husband or wife Angula	nov Ember 1846 10 Jace 19 1847
7. Birth date of years	and that I last saw har alive on January 19 1947
deceased (mo., day, yr.) Sec. 7, 1864	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Cerepral Jemorthage 2 day
82 / /2hrsmin.	
9. Birthplace	Due to.
War and the	arleris atteroses 2 gr
1D. Usual occupation	Due to
11. Industry or business Own home	
12. Name Sunda Grand Shate a	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name listable Starken 1000 15. Strikplace Scatt and	
15. Birtholace Scatt and	Majur fiadings of uperations.
Carried To almost	
16. Informant	Autupsy results
Address Lonaconina a	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Wischi) Dete thereof And Jay (year)	Accident, suicide, or hemicide
Cemetery or crematory Qala Itil Cennetery	Where did injury occur?
Location Location Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director The Asia Asia Barrella Company	means of injury injury injured by workt
Address Longconing, And	E. Don Tolowards
(20122) 17 January may	23. SIGNATURE
(Dato rec'd by registrar)	Address analous Date signed as 21-1947

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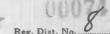
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH: County 2. USUAL RESIDENCE (HOME) Of the property of the p	
City or town. (If jutaide city or town limits write RURAL your pearest town)	ounty allegans
How long in above place of leath? Hospital, institution, or street address, where death occurred: Street No	ta, write RURAXANA give nearest town)
How long in hospital or instillution?	
Mary anne Boston Prohmond	3. (b) Social Security Number
Di a a l'A a l'A	CERTIFICATION 2.114
	9/12.7, to Jan 32 19 47
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Moyths Days If less than one day Immediate cause of death	2 9 19 47 DURATION
a pithon I mark a company of allegan of Co. Ho musto	
10. Usual occupation Due to	
11. Industry or business (WW 700 grat 12. Name saam saam other conditions ' 13. Birthplace England	
14. Malden name. Suppose and the Control of the Major findings of operations. Major findings of operations.	
18. Informant Mrs. 1 Bessel Landid Antopoy results	
Address Orland Ton, Seland PHYSICIAN: Please nuderline the cause to w 17. David Date thereof. Tell (Burlal, cremation, or removal. Wigier) Date thereof. The day (year) Accident, suicide, or homicide.	auses, fill in the following;
Cemetery or crematory O. a. H. Hill Classettery Where did injury occur? (City or town)) (County) (State)
18. Funeral director Means of Injury Injured at home, farm, industry, public place (injury)	Injured at work?
Address Loward and Parket Market 1947 Januatte March Address Loward Address Lowar	A Hodgen M. Dorother Ly

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH UNF is especially important.

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DR. MATHEWS

MARYLAND STATE DEPARTMENT OF HEALTH

	11111	1 1	
	V.M.W	1	
Reg. Diat	. No		

1. PLACE OF DEATH: County
How long in hospital or institution? 4 DAYS 2.(a) If veteran, name war.
3. (a) FULL NAME
THOMAS ROBERTSON / While
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION MALE Single 20. Date of Death 18 4.7. 21 9:15 a.
6.(b) Name of husband or wife 21. I CRRTFY that death occurred on the date above stated; that Pattended deceased from 18.4.7. Birth date of 7. Birth date of 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In that death occurred on the date above stated; that Pattended deceased from 19.4.7. In the date of the date above stated; that Pattended deceased from the date above stated in the date above
8. AGE: Yeare Months Days If less than one day Chronic Megacydile DURATION 7/ / 3
9. Sirthplace. C. Clary, County, and state) 10. Usual occupation. Coal Prince Bue to.
11. Industry or buelnece Consol. Coal Co. 12. Name Laseful Robertson Other conditions Pranchise Scotland
13. Birthfiates (Include pregnancy within 3 months of death) 14. Maiden name Carl Thomas Major findings of operations. Date of op.
Address Pattsburg, Pa. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It dealh was due to external causes, fill in the following:
17. Date Ihereof. Jan. 6/944. (Burial, cremation, or removal Which?) Cemetery or crematory County Date Ihereof. Jan. 6/944. County County
Location Injured at home, farm, Industry, public place (where?)
18. Funeral director Meens of injury Injured at work? Address Anaconing, And Address
19. Han Some 19 4 7 J. F. Frankshii, M. D. or other Registrar Address 4 Gneece A Date signed 1 - 4 - 4 7

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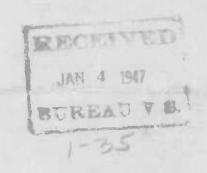
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 11-aryland County Allegany City or town
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ale White Widower	20. DATE OF DEATH January 1, 1947 19 21 9:00p
6.(b) Name of husband or wife Amelia Pryant Pobison 7. Birth date of deceased (mo., day, yr.) October 1, 1868 8. AGE: Years Months Days If less than one day 78 3 0 hrs. min. 9. Birthplace Cumberland (Town, county, and atate) 10. Usual occupation Farmer 11. Industry or business 12. Name Levi Robison 13. Birthplace Cumberland, Laryland 14. Maiden name 15. Birthplace	20. DATE OF DEATH 21. CERTIFY that death occurred on the date above stated; that attended deceased from 10. 13. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
Address Vesternport, Maryland 17. Rurial Date thereof Ian 4 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Philos Cemetery Location Vesternport, Paryland 18. Funeral director Illsworth S. Doal Address esternport eryland 19. Market recid by registrary 19. Maryland 19.	Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



PLAINLY, WITH ENFADING INK. Supply every item of information careful. The correct age is especially important. Physicians: please write the causes of death clearly and regular

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg.	Dist.	No	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Akeegany City or town Cumberland	State Maryland County Allegany		
(If outside city or town limits, write RURAL and give nearest town)			
How tong in above place of death?	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Memorial Hospital	Street No. 724 Gephart Drive (tfrural, give LOCATION)		
How long in hospital or institution? 14 Minutes	2.(a) If veteran name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
	Mr. e		
Baby Boy Roby 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. January 19 19 19 17 21 5245p		
matte milities Diligies	21. I CERTIFY that death occurred on the date above stated: that I all ended deceased from		
6.(b) Name of hueband or wite	Jan. 19 10 10 Jan. 19 19 41		
7. Birth date of	and that last saw h im alive on 18		
deceased (mo., day, yr.) January 19, 1947	Immediate capse of death		
8. AGE: Yesrs Months Days If less than one day	A A A		
hrs	1 revaluely 3 m		
9. Birinplace Cumberland Allegany Maryland (Town, county, and state)	Due to		
(Town, county, and state)			
10. Usual occupation.	Oue to		
11. Industry or huelness			
¥ 12. Name Frederic Roby	Other conditions		
13. Birthplace Maryland	(Include pregnancy within 3 months of death)		
14. Malden name Kienhoffer, loretta			
14. Malden name Kienhoffer, loretta 15. Birthplace Maryland	Major findings of operations		
16. Informant Memorial Hospital	Autopsy results		
Address Cumberland, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (My) (gay) (year)	Accident, suicide, or homicide		
	Whose did latery occur?		
Cemetery or crematory Memorial Grand			
Location from lerkauf, 1100:	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Same as above	Means of Injury		
Address	1) hr Hooges, M.		
12 12 10 P 11 m	23. SIGNATURE M. D. or other		
19 MM. a/ 18 4/ Ja. Y Straublen ///	I when and // Bala signed / /19/4		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Aces: Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County allegany
(If butside city or town limit, write RURAL and give negrest town)	P + /2
How long in above place of death?	City or town. (If outside city or town lights, write RURAL and gave nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Marel Margatal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jany	Rowan mones
4. Sex 5. Color or race 6.(a) Ingle, married, widowed, or divorced	MEDICAL CERTIFICATION
Temalo White Diegalo	20. DATE OF DEATH January 2/ 1847 at 8 3 P.
	21. I CZETIFY that death occurred on the date above stayed: that I atjended deceased from
B.(b) Name of husband or wife	1. 19. H.T. 10. Last 21. 18. H.T.
7. Birth date of	and that I last saw h Affailve on Journal 2 19 47.
deceased (mo., day, yr.) Jaurany 11 144	Immediate cause of death DURATIQH
8. AGE: Years Months Das At less than one day	Prematerif 6 2 VIII 10 days
0 // 0 //hrshrs.	W+ 3'2"
9. Birthplace Monthing allegary mo	Due to
(Torn, county, and state)	
1D, Usual occupation	Due to
11. Industry or business	
E 12. Bame Classer Palasa	Other conditions
13. Birthplace Morauthum Ma.	(Include pregnancy within 8 months of death)
14. Maiden name Betty Rowall	
14. Maiden name Estatty Ross aus 15. Birthplace Longranius MA	Major findings of operations.
1241 P 11'	Date of op.
18. Informan () Little of the state of the	Antopsy results
Address The thirty Mr. Parle &	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burjal, cremation, or removal, Which a (month) (day) (year)	Accident, suicide, or homicide
11/1/2 = = = = = = = = = = = = = = = = = = =	Where did lnjury occur? (City or town) (County) (State)
Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director	Means of injury Injured at work?
Address Trop there md.	(Moxyattern MA)
1-75 11- Value XI Ria	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. Content (Date rec'd by registrar)	Address + Sunthurs Md. Bate signed 1/22/47

Address.....



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

3. (b) Social Security Number

10 17 -1 7 50 Pm

OF DEATH

					CERTIFIC	CATE
I. PLACE	OF DEA	TH:				2
county		•••••		llegan	y	
City or town.	478		Cum	erland	URAL and give nearest town)	S
low long in	on II)	nf deat	h?	22 Ye	ars	0
lospitai, ins	titution, or	street	address where	death occurred	:	
		222	Beall	S.t		
			tlon?			1
3. (a) FU	LL NAME					
			ee Edwa			
4. Sex		5. Co	ior or race	6.(a)Single	, married, widowed, or divorced	
1	ale	W	hite		Married	
					hey Ruddle	
6.(b) Name						
7. Birth date	-6) If alive, give age	. years
		.)	Months	Ly 10 1	If less than one day	
8. AGE:	Years				hrs.	min .
			8	-		
9. Birthplac	. Hudd	le,	Penne (Town,	eounty, and a	, West Virgini	2 1
1D Henal D	ccupating		Ca	afiteri	.8.	
					eld Tire Co	
M La	or pusiness	110	EwbE	rd D. H	anddle	
12. Nar	ne		The ale	lin W	Va.	
조 13. BIN	inplace		Donati	har Durff	Canhangan	
目 14. Ma	iden name		DOLOG	TX TATI	enbarger	
₩ 15. Bir	thpiace		Doroti Frank Lee	klin, V	Va.	
16. Informa	nt	Mrs	Lee	Ruddle.		
Address	222	Bea	11 St.	Cumber	land, Md.	
					eof Feb 1, 1947 (month) (day) (year	
Cemetery	or cremato	гу	Pr	ilos C	emetery	
					t.,d.	
18. Funeral					Kight	
Address	,	0	umberl	and, Inc	1.	
19. (Date)	W. /	ristrar	1947	1	Franklin, M.	A.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Laryland county Allegany
City or town. (If outside city or town limits, write RURAL and give nearest town)
Street No. 222 Beall St
(If rural, give LOCATION)
2.(a) If veteran, name war

214-07-0354 MEDICAL CERTIFICATION

20, DATE OF DEATH	ماره ده و کیروا دار
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	47
	47
and that I last saw h . Less alive on 15	1
Immedia crause of death lever large 20	Luy
Due 16 Critico Bleroso 10	yn
f 1	
Due to	
: "	
Dther conditions	
(Include pregnancy within 3 months of death).	
Major findings of operations	
Date of op.	
Actoray results	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Where did injury occur?	
Injured at home, farm, Industry, public place (where?)	,,,,,,,,,,,,
Means of Injury Injured at work?	
N/11 P1	

ADING INK. Supply every item of information carefully. The correg-Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED WRITE PLAINL is especia

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	ATE OF DEATH Reg. Diat. No	4
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	town)
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME A. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Num MEDICAL CERTIFICATION	ber
Hamsh White married	20, DATE DF DEATH (200 18 4 7 21)	1/2
8.(6) Name of husband or wife Itana a Schmeider	21. I CERTIES but death occurred on the date above stated: that I attended deceased	from
7. Birth dale of deceased (mo., day, yr.) Sanch 18 1897	and that I last saw h. A. alive on	DURATION
8. AGE: Years Months Days If less than one day	Chronic Mysocardilia &	mand
a Richard Cumberland Ind.		nont
1D. Usual occupation		
11. Industry or business	Due to	
12. Name Joseph & Hits	Dither conditions	
13. Birthpace Completed that	(Include pregnancy within 3 months of death)	
14. Maiden name Allana International Interna	Major findings of operations	
16. Informant / m. C. Schneider	Autopsy results	stically.
Address Cumberland	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriat, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Manual And Andreas Can	Where did Injury occur?	tate)
Location Dysantoland Inc	Means of Injury Injured at work?	
Address Combuland.		_
. Jan 16 47 & P. tranklin M.	23. SIGNATURE	
(Date rec'd by registrar)	rar Address	1.47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	State MARYLAND County ALLEGRAY
(If outside city or towe limits, write RURAL and give nearest town)	
How long in above place of death? 6 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Munera Hospital - Frostling hed.	(If rural, give LOCATION)
How long in hospital or institution? Chrontles	2.(a) If veteran, name war/NONE
3. (a) FULL NAME	3. (b) Social Security Number
HARRY SCHUMANN	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE White Single	20. DATE DF DEATH 2 4 January 19. 4.7 at 6:10 P.M.
	21. I CERTIFY that death occurred on the date above stated: Mat I attended deceased from
6.(b) Name of husband or wife	18 January 18 47 10 34 January 19 47
7. Birth date of years	and that last saw h 1 see Salve on 4 January 19 42
deceased (mo., day, yr.) facely 25 - 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	Engthrollastoria 3/NCE
0 6 0hrs	loxalia ?? BIDTH
FROSTRUPC -MD.	Que to ?? 6 MOS
9. 6irthplace FROSTBURS - MD. (Town, county, and state)	010 10
1B. Usual occupation	
11. Industry or businesa	Due to
# 12. Name RICHARD SCHUMAN	110 A/F - ?
F	Other conditions // CO.C.Y. C.
13. 6irthplace Guengo III,	(Include pregnancy withIn 8 months of death)
14. Maiden name PHASSET MARYLAND ORT	Major findings of operations. NONE
15. 6irthplace MCDLAND MD.	Major radings of operations. Bate of op.
Masoir as process	
. ,	Autopsy results
Address Frostling - hid:	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
0 ' - ' ' ' '	
Cemetery or cometary	Where did injury occur?
Location Curry Land made	Injured at home, farm, Industry, public place (where?)
16. Funeral director. H. Wayne George	Means of Injury Injured at work?
	3 Ni (slep 1)
Address unlestant ma.	23, SIGNATURE Marking to the Finds D.
10 1- 24 1047 MILE HOULE N-KAS	M. D. or other
(Dato rec'd by registrar) Registrar	Address of Groad on - (retting mate stoned 1/94/4)



ADING INK. Supply every item of information careful Physicians: please write the causes of death clearly ap

PLAINLY, WITH UNF. is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Date signed

CERTIFICAT	Reg. Dist. No			
1. PLACE OF DEATH: County. Allegany City or lown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streef address where death occurred: How long in hospital or institution? 10minutes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State. Maryland County Allegany City or town. Cumberland (If outside city or town limits, write RURAL antigive nearest town) Street No. 3. 2. 8. (If ruffl, give LOCATION) 2.(a) If yeleran, name war.			
3.(a) FULL NAME Kenneth Allen Shaffer	3. (b) Social Security Number			
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 3/ Jan 19 47 21 6 30			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from 19. 4.7. 10. 19. 4.1. and that I last saw h. 1.21. alive on S. Jan. DURATION DURATION			
9. Birfhplace Cumberland (Town, county, and atate) 10. Usual occupation	Due to			
12. Name A. O. Shaffer 13. Birthplace Pennsylvania	Other conditions			
14. Maiden name Lucy Bryant 15. Birthplace Pennsylvania 16. Informant A. O. Shaffer	Major findings of operations. Date of op.			
Address Cumberland Md. 17. Burial (Burial, cremation, or removal, Which?) 18. Informant Md. 19. Informant	PHYSTCIAN: Pfease underline the cause tu which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Cemetery or crematory	Where did Injury occur?			
18. Funeral director H. H. Zeigler Address Hyndman, Pa	Means of Injury Injured at work? M. D. or other M. D. or other			
19 (Date rec'd by fegistrar) Registrar	Address Messocial 17 000. Bate signed			

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ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly

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1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

ΓE	OF	DEATH	- X	Reg. Dist. No	4
1 2	IISIIA	RESIDENCE (1-10	OME) OF DE	CEASED.	

County A	llegany		(For newborn infants give residence of		
		a from Wallanchuman	State Pa . Con	unty Bedford	
		e from WellersburgP	City or town Rural) Fairhor		a R.D.
Hospitat, institution, or	street address where d	eath occurred:	Street No. Bedford Co.		
Allegany How long in hospital or	Hospital	ersburg Pa.to Cumberland Md.	(If rural, give 2.(a) li veleran, name war.	LOCATION)	V
3. (a) FULL NAME				3. (b) Social Security	Number
Walter	R. Shaf	fer		723-07-90	16
4. Sex	5. Color or race	6.(a)Single married, widowed, or divorced	MEDICAL C	ERTIFICATION	- 1
Male	White	Single	20. DATE OF DEATH Jan. 3	19.4.7	about 12.20P
6.(b) Name of husband	or wite	U	21. 1 CERTIFY that death occurred on the date ab		
			im Dond		
T. Birth date of deceased (mo., day, y	Decen	her 6. 1929	and that I last saw himall Daad		
8. AGE: Years		Days It less than one day	Immediate cause of death		
19 /7	0	23 2 7hrs. min.	Fractured cervical Fractured pelvis 8		11.740 70. 07.00.00.111
20 11	Wee done	v Belford, Pa.	Due to hemorrhage	e springt	20
9. Birthptace	(Town, c	ounty, and state)	Due to		minutes
10. Usual occupation	Truck	helper	Due to sick, sitting or	floor of	
11. Industry or business	nobel Si	hoffer P	coal truck with fe board fell from the fun over with rear	ruck and was	
X 13. Birthment	0	Samiet	(Include pregnancy within 3	months of death)	
14. Malden name	n/ +	N. I P	Major findings of operations		
E 15. Birthplace O	Lawrence	, regulman, la		Date of pp.	
16. Informant	The Sha	ffer p	Autopsy results	hich death should be charged	statistically.
17. Burial, cremation,	or removal. Which?)	Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external ca	lent Date of 1-	3-47
Cemetery or eremeter	y Hend	mad	Where did injury occur? Wellersh	ourg Bediord	(State)
Location	Hynd	man, Ja	Injured at home, farm, industry, public place (w	here?) Allegany Injured at work?	Hospital
18. Funerat director .9c	N. X. Le	igler	Means of Injury as above		працу Ор
Address	Lyndma	in Ja	\23. SIGNATURE .V. Deming.	L.D. H.V. De	ming MD
19. Lau. 6	19.47	J. T. SYauklen M. Rokistrar	Address Combuland	M. D. Date signed.	or other / 1.2-1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County ALLINA HV	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (II) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 19 Year 3	State IARMIALD County AJALECALLY City or town CIT B. A.D. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 9 OFFILT ST
IN OFTAL HOSPINAD	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Nola Carolee 34.	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH
6.(b) Name of husband or wite HDCAR SHARON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 19, 47 19, 10 Jan 21, 4/19
7. Birth dete of	and that I last saw h. A. alive on
deceased (mo., day, pr.) (19 10) 100 Oct. 10,1908	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	(Samuel College
9. Sirthplace	Due to
1D. Usual occupetion LICIIS - WILLIAM	Due to
11. Industry or business	
12. Name CHARLIS KISSNER IR. 13. Birthplace Mary Milos	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name CARRIE	
	Major findings of operations.
	Autopsy results hemme to / fear Carstifung
16. Informant ORIAI, HOSPITAI.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address CUBBETAND, D	22. VIOLENCE: If death was due to external causes, till in the following:
17 Borial Date thereof Vanuery 24 1947 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Great Cocapon Cometery	Whera did Injury occur?
Location Great Cocapon, Id. Va.	Injured at home, farm, Industry, public place (where?)
1) 4 . 1	Means of Injury Injured at work?
18. Funeral director for the first for the f	911111111111111111111111111111111111111
Address Cakesbuffaurd Trud,	23. SIGNATURE M. D. or gener
19 Jan. 24, 1947 J. Franklin, M. D.	M. D. or gener
(Date rec'd by registrar)	Address Dave signed 122/1

JAN 30 1947 BUREAU 8

2411 N. Charles St., Baltimore

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No	- /

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County			W Va	State W. Va. County Morgan		
Cily or town Cumberlan	1 MQ n limita, write RU	RAL and give nearest town)				
How long in above place of death?	2 Days	***************************************	City or town Paw Paw (If outside city or town limits, write RURAL and	give nearest town)		
Hospital, Institution, or street address wh	ere death occurred:		Street No.			
	• • • • • • • • • • • • • • • • • • • •	•••••	(If rurat, give LOCATION)	V		
How long in hospital or institution?	Fa. 1784	у.я	2.(a) If veteran, name war			
3. (a) FULL NAME			3. (b) Social Se	curity Number		
	A MINKE	LFRED PRESTON	SIRBAUGH 232-26-5	5376		
4. Sex 5. Cotor or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CERTIFICATIO	N		
male white		arried	20. DATE OF DEATH Jan. 6 19	17 at 4 . 30P		
Maceline 6.(b) Name of husband or wife	Louise Si	rhanch	21. I CERTIFY that death occurred on the date above stated; that I attem			
5.(0) Name of husband or wife	4.4.4.4.4.M	www.mphh		19		
7. Birth date of		tf allve, give ageyer	and that I last saw h im allegad Jan. 6	194		
deceased (mo., day, yr.) JU.	A 30° \1A	13 13 4	Immediain cause of death	DURATION		
8. AGE: Years Months	Days	If less than one day	intercranial hemorrhage			
32 33/ 5		hrs		2		
9. Birthplace Cumberland, 1	wn, county, and at	/Virginia/	Due to fracture of the skull	days		
1B. Usual occupationOrch						
1B. Usual occupation		***************************************	Due to a fall accidentially			
11. todustry or business	√ Cimbo	as orb	from a porch			
E 12. NameJacob Frank	V. SILDS	ugu	Bther conditions			
13. Birthplace	Virgini		(include pregnancy within 3 months of death)			
置 14. Maiden name Myrt	Le STATE	zn Banley	Major findings of operations			
15. Birthplace	Luray,	Virginia	Bate of o	p		
16. Informant W. D. Par	ks		Autupsy results			
	Springs		PHYSICIAN: Please underline the cause tu which death should be	charged statistically.		
			22. VIOLENCE: tf death was due to external causes, fill in the following			
Burial (Burial, cremation, or removal. Whi	ch?) Date therec	Jan. 40,9 1947 (month) (day) (year)	Accident, suicide, or homicideaccident. Date			
Cemetery or crematory Woodr			Where did injury occur? Cumberland Allega (City or town)	ny Md		
Location Woodr			Injured at home, farm, Industry, public place (where?) 210. La	ing Ave		
18. Funeral director.			a con a bases			
	Springs.) ; 0.		
	STITTED	Wa Va.	11 11 m	6 10 m		
Address Berkley	7	0-1-11.8	23. SIGNATURE H. V. Deming M.D. W.	M. D. or other		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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orrect a	CERTIFICA	TE OF DEATH		
ormation carefully. In e corn death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
info of c	SMITH, BABY BOY 4. Sez 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
rDING em of causes	MALE WHITE INFANT	20. DATE OF DEATHJANUARY 27, 1947, 21 6.:		
MARGIN RESERVED FOR BINDIN WITH UNFADING INK. Supply every item of mpoutant. Physicians: please write the cause	6.(c) Name of humans or wite 6.(c) If alive, give age years 7. Birth dails of deceased (mo. day, yr.) JANUARY 27 1947 8. AGE: Yuere Months Day's if less than one day 1. LWBORN 4 hrs. 35 min. 9. Birthplace	21. I CERTIFY, that death occurred on the date above stated, that I attended deconsoid from 19. 10. 47 18 and Ihal I last saw h		
ASE WRITE PLAINLY is especially	16. Informani MEMORIAL HOSPTIAL, Address CUMBERLAND, MARYLAND 17. Crenation Date thereof 1/27/47 (Burial, cremation, or removal, Which?) Cemetery or crematory MEMORIAL HOSPTIAL Location CUMBERLAND, MD. 18. Funeral director Salual as above Address	Autopsy results		

, 6:15 P



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

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	UUU	400	
Reg.	Dist. No	4	

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Legany County Allegany			
			URAL and give nearest town)				
How long in above place	e of dealh?	5 Week	S	City or 10wn (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, o	or street address where	dealh occurred	1;		Street No. (Green Ridge) Flintstone		
		MR 2017 2		(If rural, give LOCATION) 2.(a) tf veteran, name war			
	or Institution?		*				
3. (a) FULL NAM					3. (b) Social Security 1	lumber	
		sie Sm:			None		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		ERTIFICATION		
Female	White		Married	20. DATE OF DEATH January	8 19.47	at 8 B	
6 (b) Name of husbani	d or wife	addeus	Smith	21. I CERTIFY that death occurred on the date at		sed from	
6.(O) Mans of Hespain	W VI WIIG	e /	a) It allow give and 67	12/7/46		19	
7. Birth date of			c) It alive, give age	and that I last sew halive on	/8/47:	19	
deceased (mo., day,		Days	er 7 1892	Immediaic cause of death	منت	DURATION	
O. MOD.		Days		J Cheanic real	Rule	*********************	
54 4 1min.) / troubo	Kebeta.		
9. BirthplaceP	iney Grove,	Alleg	any, Maryland	July Glaves	h	***************************************	
to Havel accupation	k				***************************************		
		99	***************************************	Bue te	***************************************	***************************************	
11. Industry or busine ∝	Cas	mre No	lan		***************************************	***************************************	
E				Other conditions		**********************	
				(Include pregnancy within 3	months of death)		
H 14. Maiden name	eS1	ısan Sm	ith	Major findings of operations	***************************************		
14. Maiden name	Pir	ney Gro	ve, Md.				
16 Informant	Thadd	leus Sm	ith	Autopsy results			
	R.F.D. Flix			PHYSICIAN: Please underline the cause to	which death should be charged	itatiotically.	
				22. VIOLENCE: If death was due to external ca			
17. (Burial, crematic	on, or removal. Which	Dale fher	eof January 12/47 (month) (day) (year)	Accident, suicide, or homicide,	Date of		
Cemetery or cremalory Fairview Cemetery			Cemetery	Where did Injury occur?(City or town)			
Location Englesmith, Pa.			h, Pa.	injured al home, farm, industry, public place (/ 1		
			Kight	Means of Injury	Injured at work?		
Address		land,		200	N. Kanus	un D	
1		1	0+ 11. m	23. SIGNATURE.	N. D.	or other	
19. Xan	registrar)	X.	1. Nauklu, 111 of	Address Quebe	clave all	1/8/43	
Date rec'd hy i	registrar)	(/	registrat	II AUUICSS	wate signed		

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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DR. WILSON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

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1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	1	
COUNTY ALLEGANY			Slate WEST VIRGINIA County Mineral		
City or tows			PTFDMONT		
How long in above pla	ce of death?	doub accurad	(II outside city of town lames, write account	give nearest town)	
	or street address where	SPITAL	Street No. 11 DUNDEE ST. ((frural, give LOCATION)		
	or Institution?	3 704.37	2.(a) If veteran, name war	<u> </u>	
3. (a) FULL NAI			3. (b) Social Se	curity Number	
	CHARLESH.	SMITH	705-0		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATIO	N	
MALE	WHITE	WIDOWED	20. DATE OF DEATH. JANUARY 22 19	47 at 12:05A.M	
- 43 11 43 43	THI	ERESA INSKEEP	21. I CERITEY that death occurred on the date above stated: that I after		
6.(0) Name of hyses			J. Clera 2 19 19 10 10 10	22 1597	
7. Birth date of	17/28		and that I last eaw h the alive on the cafe 21	19.47	
8. AGE: Ye	y, yr.) II/20	Days If less than one day	Jamediais cause of death.	DURATION	
S. AGE:	1 1	24min			
			accomfange 20	1304	
9. Birthplace	WEST VIRGI	n, county, and state)	Oue to go that and of	rall, I	
10. Usual occupation	ENGINEE	R B. & O.	and al work-	1/4/4	
11. Industry or busin	1068	Page 1		_0	
当 12. Name M	ARCELLUS SI	HTIM	Uther conditions		
13. Birthplace	WEST VIRG	INIA	(Include pregnancy within 3 months of death)		
当 14. Maiden nam	MARJOR	IE KELLEY			
14. Maiden nam		IRGINIA	Major findings of operations	10	
	MEMORTAL	HOSPITAL	Antoney results		
16, Informant		LAND, MD.	PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Address	. 0	0 0 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, filling the tollowing	Ei le . 21 V.	
17. (Burial, cremati	ion, or removal, Which	Date thereof (MAL) (year)	Accident, suicide, or homicide.	1/4/1/ Jun / 20	
	atory Philos		Where did injury occur? Lean (City or town)	(State)	
Location	Moster	ubort, Md.	Injured at home, farm, Industry, public place (where?)	froad	
	11) 6/0	ald toplack	Means of Injured at w	ork? Hua	
18. Funeral director	01	k (1) 1/2	# Mill #		
Address	Judin	orit, W.Va.	23. SIGNATURE	M 12 or other	
19. Jan	24, 194	7 X Marklen M.L	Address tombuland Modale	s gned 1-25-4	
II Wate rec'd by	TESTINITE!	, registra	RUUI COO day of the control of	- United States	

JAN 30 1947 BUREAU 7 8 ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumberland Md	State W. Va. County Mineral
(If outside city or town limits, write RURAL and give nearest town)	City or town Ridgely. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
allany to spital	Street No. 6 John St. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
	715-10-8533
Lawrence Fred Smith 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	
7 / /	20. DATE OF DEATH Jan. 31 194.7 18. 03F
8.(b) Name of husband or wife a language and a lang	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Accember 3, 1904	and that I last saw h. L.Maiib) 620J. 21
8. AGE: Years Months Days If less than one day	Immedia: cause of death DURATION
42 / / / / / hrshrs.	of the skull, a small piece of days
9. Birthplace Clkins Kandolph Co. W. Va	Due to skull bone had punctured
Drabe (Town, county, and state)	dura.
10. Usual occupation	oue to History) Hit over left eye
11. Industry or business Was all a state of the state of	with a coffee pot, during argument. 1-26-47
12. Name Samuel Smith 13. Birthplace West raina	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Savangab Jelter West Virginga	Major findings of operations.
S 15. Birthplace West Virginea	Qate of op.
16. Informant Mrs. Fargence Smith	Autopsy results A.S
Address 6 John St., Ledgeley, W. V.	22. VIOLENCE: If death was due to external causes, fift in the tollowing;
17. Burlet cremation or removal, Which?) (Burlet cremation or removal, Which?)	Accident, suicide, or homicide, homicide Date of 1.26.47
3. 000	where did in large Ridgely Mineral W. Va.
Cemetery or crematory Bylan Mess Sual Com	(City or town) (County) (State)
Location Segures Land, 112	Injured at home, farm, Industry, public place (where?) home
18. Funeral director	Means of Injury as above injured at work? no
Address limberland, Md.	23. SIGNATURE H. V. Deming M.D.
19 Feb. 1 1947 Q. P. Franklin In	M. D. or other
(Date rec'd by registrar) Regis	rar Address Date signed Fall 1-/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	LE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town imits, write RURAL and give nearest town)
How long in above place of death? Hospitat, Institution, or street address where death occurred;	(If outside city or town limits, wrife RURAL and give nearest town)
How long in hospital or Institution?	(If rutal give LOCATION)
3. (a) FULL NAME Staye Stay	3. (b) Social Security Number
Baby Girl Liter	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale (/W	20. DATE OF DEATH 2011 2011 19 47, 21 3 P. B
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) Tankland /6.(c) If alive, give age years	and that I last saw h I t alive on January 16 1 18 47.
8. AGE: Years Months Days It less than one day	Immediais cause of death DURATION
	Folmation beth 5 mss)
9. Birthplace Town, copity, and state)	Due 10
10. Usuat occupation	Due to.
11. Industry or business 12. Name Lean Liter.	Other conditions
13. Birthpiace Parsons W. Va.	
E 14. Maiden name Helin a, Combes.	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Long, Md.	Date of op.
16. Informant Mrs. I Lean Leter	Autopsy results
Address or and will, Mid.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or remoyal. Which?) Bate Ihereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Later August A	Injured at home, farm, Industry, public place (where?) Mana of Injury tnjured at work?
18. Funeral director	2/A Mill m
1 1 1 1 1 1 1 1	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19.4. 2. Mus. Moully A. Registrar	address + rostling, prd, Dale signed 1/17/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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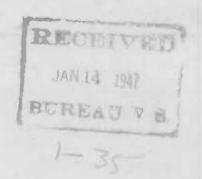
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CERTIFICA	TE OF DEATH Reg. Dist. No	40
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
Charles, Thomas	>	17 68
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20, DATE OF DEATH Jan. 7	abou 11 P
6.(b) Name of husband or wife Lucy Ellens Parsaell	21. I CERTIFY that death occurred on the date above stated; that I attended de	
7. Birth date of deceased (mo., day, yr.) April 7, 1869		
8. AGE: Years Months Days If less than one day	Coronary occlusion	at once
9. Birthplace	Due 10.	
E 12. Name hamas Thomas Thomas. 13. Birthplace End.	Other conditions	
14. Maiden name Elless Brillian 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Charles Immias	Autopsy results	ed statistically.
Address 90/-15th St. S. E. Mach. W. C. 11. Gurial, cremation, or removed, Which? Cemetery or crematory. Address 90/-15th St. S. Mach. W. C. Bale thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Location Location	Injured al home, farm, Industry, public place (where?)	(State)
18. Funeral director of the State of the Sta	1 22 SIGNATINGE H. V. Deming M.D. N. V. Dem	D. or ther

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VS A15



" lila cor y te hinita MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore CERTIFICATE OF DEATH Reg. Diat. No.. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: County Allegany State Maryland County Allegany (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: 506 Eastern Are, 506 Eastern Ave. (If rural, give LOCATION) How long to hospital or instilution?... 2.(a) It veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number Frank Edward Thompson 217-10-6050 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Morried 20. DATE OF DEATH Ton wary 9 1947 at 4:30 P. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife Lulu Hetter Thompson 19.45 10.... 7. Birth date of March 28, 1883 deceased (mo., day, yr.) tf less than one day 8. AGE: 9. Birthpiace Tones boro Tonnessee (Town, county, and state) 10. Usual occupation Fettred Electricion 11. Industry or business Celanese Corp. of America 12. Name HIbert Thempson Other conditions ... 13. Birthplace Tenn (Include pregnancy within 3 months of death) 14. Maiden name Jarah E. Whitmore 15. Birthplace Tenn 16. Informant Mrs. Lulu Thorn poor PHYStCIAN: Please underline the cause to which death should be charged statistically. Address 506 Eastern Hve, Cumberland, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial (Buriat, cremation, or removat, Which?) Date thereof Non Mar y 12, 1447. Accident, sulcide, or homicide..... Cometery or crematory Hillerest Cometery Where did Injury occur? (City or town) Location Cumberland, Md. Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director Tobn J. Hater ASE Address Cumburland, Md. 23. SIGNATURE

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788 H. 1885 - Ka Do Tel - K. PROMINADO Ft 5 4 1947 1-35 Within corporate limita LLIAMS

R. WILLIAMS

1. PLACE OF DEATH:

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

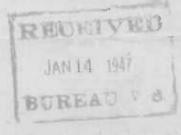
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CERTIFICATE OF DEATH

Dist. No. 4 ...

CERTIFICAT	Reg. Dist. No
1. PLACE OF DEATH: County. Allegany. City or town Cumberland. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 15 Days. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Man'yland. County. Allegany. City or town. Flintstone. (If outside city or town limits, write RURAL and give nearest town) Streel No. Route #2. (If rural, give LOCATION) 2.(a) If reteran, name war.
Carl A. Tribut. 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	2/7-10-4607 MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH January 2 1947 21 6:151
6.(b) Name of huaband or wife Mary Ellen Rowe 6.(c) If alive, give age 33 years 7. Birth data of deceased (mo. dey, yr.) September 1 1904 8. AGE: Yeara Months Days If leas than one day	21. I CERTIFY that death occurred on the dale above ataled; that I attended doceased from 19
9. Birthplace Maryland (Town, county, and state) Tavern Operator 10. Usual occupation Own	Due to.
12. Name. Aligust Tribut 13. Sirthplace Maryland	Other conditions
14. Malden name Margaret Rowan 15. Birthplace Mary Dand	Major findings of operations
16 Informant Margaret E. Boyden Address Homewood Addition, Cumberland, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof 7 JAN 1947 (Burlal, cremation, or removat. Which?) (month) (day) (year) Cemetery or crematory St. Patrick! Cemetery	Accident, autoide, or homicide
Cumberland, "aryland 18. Funeral director Louis Stein, Inc. Address Cumberland, Maryland	Injured at home, farm, Industry, public place (where?) Meana of Injury Injured at work?
19 Jaly - 6 19 47 J. P. Tranklin, M. Date rec'd by registrar	23. SIGNATURE M. D. opfother Aduress



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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

SCHINDLER 1. PLACE OF DEATH:	2411 N. Chai	DEPARTMENT OF HEALTH rles St., Baltimore TE OF DEATH	Reg. Dist. No.
County ALL BEARY City or town Cutaberland (If outside city or town limits, w How tong in above place of death? Hospital, institution, or street address where death o Momorial Hospital Now tong in hospital or institution? 2 De	rite RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland co City or town Cumberland (If outside city or town limit Street No. 6.29 Hondorson (If rurai, give	mother) unity Allegany us, write RURAL and give nearest town)
3. (a) FULL NAME Mrs. Ida B. Twi co			3. (b) Social Security Number
	A)Single, married, widowed, or divorced Married		ERTIFICATION 19.47 a17:25P
8.(6) Name of hubband or wife	Twigs 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date ab	ove stated; that lattended deceased from 4.7
Location 18. Funeral director Allace Steam	is I me.	Means of Injury	Injured at work?
19. Ald S1, 19. 47. (Date rec'd by registrar)	J. P. Franklin M. Rogistra	23. SIGNATURE 5.	M.D. or other Date supply 34/4



correct age

WRITE PLEASE A.15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Formewborn infants give residence of mother) State County City or town (If odtaide city or town limits, write BURAL and vive nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
Katherine Whetstor	3. (b) Social Security Number
2. Sex S. Color or race S. (a) Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20 19 4 7 21 2 20 4
6.(b) Name of husband or wife a self whatstone 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) a level 5, 1863	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Month Days If less than one day 8 27	Oue to Described Sensity
10. Usual occupation. Lausewife 11. Industry or business Romes	Due to.
12. Name amuel foruse 13. Birthplace 14. Maiden name Elizabethly O' Farrell 15. Birthplace 15. Birthplace	Other conditions
16. Informant Mrs. Cambride Williams	Actors results
Address 17. Butual the thereof Address, 4 1947 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location The thing may	Where did injury occur?
18. Funeral director	23. SIGNATURE DOME M. D. or other
(Date rec'd by registrar)	Address Duly My Date signed to

JAN 6 1947 RTREATER

RECEIVED

FEB 1 1947

BUREAU V &

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

		1	
Reg.	Diat.	No	

Oate signed 1-27-47

County

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot Maryland County. City or town
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CER
Male White Married	
6.(b) Name of husband or wife Elizabeth Willison 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Oct. 4,1881	20. DATE OF DEATH
8. AGE: Years Months Days If less than one day 65 3 20	Impodian cause of death and grant gr
9. Birthplace Hyndman, Penna. (Town, county, and state) Retired 11. Industry or business Engineer for City 12. Name Richard H. Willison 13. Birthplace Maryland	Oue to
14. Maiden name Jenevie Kelso 15. Birthplace Maryland	(Include pregnancy within 3 moni
16. Informant Mr. Robert Willison Address 209 Avirett Ave. Cumberland, Md	PHYSICIAN: Please underline the cause to which 22. VIOLENCE: If death was due to external causes,
Burial Oate thereof Jan. 27,1947 (Burial, cremation, or removal, Which?) (Rundal, cremation, or removal, Which?) (Rundal, cremation, or removal, Which?) (month) (day) (year) (cemetery or crematory HillCrest Burial Park	Accident, suicide, or homicide
Cumberland, Md.	Injured at home, farm, Industry, public place (where
18. Funeral director Charles L. George	Maens of Injury
Address Cumberland, Md.	23. SIGNATURE CENTRAL T.
19. Jaw 27 1947 J. Franklin, M. N. Registrar	Address 110 3. Centre St.

(If	rural, give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security	Number
MEDI	CAL CERTIFICATION	
20. DATE OF DEATH	n. 24, 19.47	18/2
21. I CERTIFY that death occurred on	the date above stated; That Lattended dece	ased from
	18 4 6 10 Jan 2	
	Jan 2 ()	
Immediair cause of death	Last poilure	DURATH
/	. /}	
- Thene cardil	43	3445
ule 10	•Fin Fine	7
Oue to.	•••••••••••••••••••••••••••••••••••••••	
Other conditions		
	y within 3 months of death)	
PHYSICIAN: Please underline the	cause to which death should be charged	statistically.
22. VIOLENCE: If death was due to	external causes, fill in the following:	
Accident, suicide, or homicide	Daie of	
Where did Injury occur?(City	or town) (County)	(State)
Injured at home, farm, Industry, pub!	c place (where?)	
Maens of Injury	Injured at work?	

USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

BINDING

FOR

MARGIN RESERVED

Supply every item of lease write the causes

ADING INK. Physicians: pl

important.

PLAINLY, v is especially

PLEASE

FEB 4 1947 BEREATTE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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	Reg. Ditt. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Earnewborn infants give residence of mother)
County DO DO DO DA DE DO	State Maryland County Allegary
City or town	deliman an maide a
How long in above place of deam?	City or town
Hospital, Institution, or street address where death occurred.	Street No. Land Stall
4	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
Kenneth Elleworth Oke	3. (b) Social Security Number
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White leheld	20. DATE OF DEATH. January 23 1947 et 2 A M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date pove stated; that I attended deceased from
	19 to 19
7. Birth date of deceased (mo., day, yr.) Ang, 11.1936	and that I tast saw harmalive on
8. AGE: Years Mooths Days It less than one day	Immediate cause of death
10 54 13hrsmin.	and from his hard for the state of the best of the bes
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jul. Best in energy
9. Birthplace (Town, county, and state)	to the testing
10. Usuat occupation. Errore	Due jo
11. Industry or business of world of alice	, , , , , , , , , , , , , , , , , , ,
12. Name Ohn Ellaworth Kills 13. Birtholace Dit Sava al Mod.	Other conditions
14. Malden name Philany Cattherine Berry 15. Birthplace Letraconing Phd	(Include pregnancy within 3 months of death)
15. Birtholace Lethraconina Mill	Major findings of operations.
Che Val a diell	Date of op.
00 // · · · · · · · ·	Autopsy results
Address I on groning the	22. VIOLENCE: tt death was due to externat causes, fill in the following;
(Buriai, cremation, or remoyal, Which?) Date therest (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Methodist Cemetery	Where dld Injury occur?
Location Int. Lavage Out	Injured at home, farm, industry, public place (where?)
71, 20 MO	Means of Injury Injured at work?
18. Funeral director. A. C. A.	Chin I
Address maconing, Ald	13 SPRATURE Leevel my
19 Jan 25 1947 Jannelle In Jose	M, D. or other 1/2 4/47
(Date rec'd by registrar) Registrar	Address Date signed

JAN 30 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore

		/	
eg.	Diat.	No	

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CERTIFICA	TE OF DEATH Reg. Diat. No.	0	
1. PLACE OF DEATH: County City or town (1f outside city or town limits, write RURA, and give nearest town) How long in above piace of death? Hospilal, Institution, or street address where death obturred: How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (E) or rewborn infant give residence of mother) State County County County County City or town town limits, write RUMAL and give nearest town Street No. 45. 3 (If rural, give LOCATION) 2.(a) If veleran, name war	n)	
3. (a) FULL NAME	3. (b) Social Security Number		
Bille L. Wilson	al Horse		
4. Sex 5. Color or race 6.(a) Single, mayled, widowed, or divorced Himsle Minte Single.	MEDICAL CERTIFICATION 2D. DATE DF DEATH JASA 19.47 21 6		
6.(b) Name of husband or wife	21. I CENTIFY that destroccurred on the date above stated; that I attended deceased from	1947	
7. Birth date of deceased (mo., day, yr.) Och 16 1869	AND 7121 1231 38W 11-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	URATION	
8. AGE: Years Months Days If less than one day	Immediate Cause of death.	UNATION	
77 3 3hrsmin	. Chronic my ocardiles 2	yes	
9. Birthplace Of Ca	Due to		
(Town, county, and afate)			
10. Usual occupation	Due to		
= 12. Name danis + It slean	Dither conditions		
12. Name damis & Malson Va. 13. Birtholace	(Include pregnancy within 3 months of death)		
14. Maiden name Mary ann Burnette			
14. Maiden name. Mary Usin Burnelle. 15. Birthplace	Major findings of operations		
China Braile & Wilson !	Autopsy results.		
16. Informant X MANO A	PHYSICIAN: Please underline the eause to which death should be charged statistica	ally.	
Address (Amsterday) as 'M	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which2) Date thereof. (figorith) (day) (gear)	Accident, sulcide, or homicide		
Cemelery or crematory St futter & Vando Com.	Where did Injury occur?)	
I from Michael	Injured at home, farm, Industry, public place (where?)		
Location 9 200	Meene of Injury Injured at work?		
18. Funeral director.	027		
Address Combarland	23 SIGNATURE T. TIC revasters, De	-	
19. Jan. 21 19. 47 Jas. S. Translier	Address Comberland md Bate signed 1/28	3/.4	

BINDING ARGIN RESERVED FOR PLAINLY, WITH UXFADING INK. Supply every item of information carefully. The cispecially important. Physicians: please write the causes of death clearly and legibly

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WRITE

PLEASE

JAN 30 1947 BUREAU '4 B

PLEASE

rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CLICITICA	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) (For newborn Infants give residence	
				State Maryland. county Allegany, City or town Westernbort, (If outside city or town limits, write RURAL and give nearest town) Street No. 139 Philos Aven e. (If rural, give LOCATION)	
3. (a) FULL NAM	Luthe	r Wri	ght.		3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL (CERTIFICATION
male	White		Widowed.		y 24, 19 47. ₂₁ 6:45/
8.(b) Name of Number of Name o				21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from 19.4.7
7. Sirth date of deceased (mo., day,	yr.) Marc	h 27.	1858.	and that I last saw h alive on the	DURATION
8. AGE: Year		Days 27	If less than one day	Immediate cause of death	and -
9. BirthplaceFngland. (Town, county, and state) 10. Hend accumation Retired Carpenter.			tate)	Due Io. The state of the state	
	ss B. & O	. Rai	lroad Company.	Due to	
Benjamin Wright. In Birthplace England.				Other conditions	
14. Malden name Maria Harrison. Fingland.					3 months of death) Date of og.
16. Informant Mrs. Smith Whiteorth. Address Westernport, Md.					which death should be charged statistically.
	ial n, or removal. Which?)		eof Jan 27 194 (month) (day) (year)		Date of
Cemelery or cremalory Philos Cemetery. Locallon Westernport, Maryland.					(where?)
18. Funeral director 4	W. Have	ナナル	ellock	Means of injury	Injured at work?
Address	Pieamont,	West	Ma ha han mil	23. SIGNATURE & RELL	M, D, or other
19 Day	27 1947	you	Musker Mil		M. D. or other

JAN 30 1947 BUREAU V B.

FtB 4 1947